DOCUMENT RESUME

ED 372 314 CG 025 518

AUTHOR Gfroerer, Joseph
TITLE Perceived Availability and Risk of Harm of Drugs: Estimates from the National Household Survey on Drug Abuse. Advance Report Number 5.
INSTITUTION Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD.
PUB DATE Mar 94
NOTE 60p.; Tables contain small print.
PUB TYPE Reports - General (140)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Attitude Measures; Cocaine; Crack; *Drug Abuse; Heroin; *Illegal Drug Use; Marijuana; *National Surveys; *Public Opinion; Substance Abuse; Tobacco; Trend Analysis

ABSTRACT

This report contains national estimates of Americans' perceptions of the availability of various illicit drugs and of the risk of harm associated with their drug use. These 1992 estimates are part of an ongoing national survey. The report analyzes three basic perceptions concerning drugs: (1) the relationship between perceptions and use; (2) availability; and (3) risk of harm. On the first perception, results show that drug use correlated with attitudes and beliefs about drugs. Among those who reported that marijuana was easy to get, the rate of current marijuana use was 6.6 percent, compared to a usage rate of only 1.4 percent among those who reported that marijuana was not easy to obtain. For the second perception, 59 percent reported that marijuana was easily procured, with 40 percent claiming that cocaine or crack was readily obtained. Changes in perceived availability from 1991 to 1992 were small and there were decreases in the percent reporting the ready availability of marijuana and cocaine or crack. For the perceived risk of harm, 45 percent believed that occasional marijuana use was associated with great risk of harm, while 68 percent claimed that trying cocaine once or twice could lead to great risk or harm. Perceptions were also recorded on other drugs and on tobacco use. Survey results are presented in 12 tables. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

CG

ED 372 314

Substance Abuse and Mental Health Services Administration
Office of Applied Studies

Advance Report Number 5 March 1994

PERCEIVED AVAILABILITY AND RISK OF HARM OF DRUGS: ESTIMATES FROM THE NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

BEST COPY AVAILABLE

U.S. Department of Health and Human Services
Public Health Service

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CG025518

ACKNOWLEDGEMENTS

This report was prepared by Joseph Gfroerer of the Substance Abuse and Mental Health Services Administration, Office of Applied Studies (SAMHSA/OAS). Other staff who contributed significantly to the preparation of this report include Janet Greenblatt and Doug Wright. Maria Rivero assisted in preparing tables and formatting the report. Data collection and processing were done under contract by the Research Triangle Institute. The work was conducted under the general supervision of Daniel Melnick, Ph.D., Acting Director, OAS.

March 1994

Contact:

SAMHSA, Office of Applied Studies
Rockwall II, Suite 615
5600 Fishers Lane
Rockville, MD 20857
(301) 443-7980

Table of Contents

Highlights 2

Introduction 4

Format of the Report and Explanation of Tables 8

Perceived Availability 10

- Marijuana 10
- Cocaine or crack 11
- LSD 12
- PCP 13
- Heroin 13
- Discussion of Perceived Availability 14

Perceived Risk of Harm 15

- Marijuana 16
- Cocaine 17
- Heroin 18
- Cigarettes 19
- Discussion of Perceived Risk of Harm 22

Appendices:

Appendix 1: Description of the Survey 24
Appendix 2: Limitations of the Data 27
Appendix 3: List of References 31
Appendix 4: Detailed Tabulations 33

HIGHLIGHTS

Relationship Between Perceptions and Use:

- The National Household Survey on Drug Abuse shows that drug use is correlated with attitudes and beliefs about drugs.

- Among those who reported that marijuana was easy to get, the rate of current marijuana use was 6.6 percent in 1992. The rate was only 1.4 percent among those who reported that marijuana was not easy to get.

- Among those who reported that occasional marijuana use was associated with great risk of harm in 1992, the rate of current marijuana use was only 0.8 percent. However, among those who did not associate great risk with occasional marijuana use, the rate of use was 7.3 percent.

Perceived Availability:

- In 1992, 59 percent of Americans reported that marijuana was easy for them to get. Among 18-25 year olds, 78 percent reported that marijuana was easy to get.

- In 1992, 40 percent of Americans reported that cocaine or crack was easy to get. Fifty-six percent of black teenagers in both 1991 and 1992 reported that cocaine or crack was easy to get.

- Percentages reporting that LSD, PCP, and heroin were easy to get were 27, 25, and 27, respectively.

- While changes in perceived availability between 1991 and 1992 were small, there were decreases in the percent reporting that marijuana and cocaine or crack were easy to get (from 62 percent to 59 percent for marijuana and from 44 percent to 40 percent for cocaine or crack).

Perceived Risk of Harm:

- In 1992, 45 percent of Americans reported that occasional marijuana use was associated with great risk of harm. Although this measure of perceived risk increased from 41 percent in 1985 to 50 percent in 1988, it has been below 50 percent since then, suggesting that fewer people perceived marijuana use as risky in 1992 than in 1988.

- Between 1985 and 1988, the percent of Americans who reported that trying cocaine once or twice was associated with great risk of harm increased from 55 to 71. However, in 1992 this percent decreased to 68, suggesting that fewer people perceived cocaine use as risky in 1992 than in 1988.

- In 1992, 75 percent of Americans reported that they believed trying heroin once or twice was associated with great risk of harm. This was little changed from 1988 when the percentage was 77.

- In 1992, 64 percent of Americans reported that smoking one or more packs of cigarettes per day was associated with great risk of harm. This was higher than in 1985 when the percentage was 57, but little changed since 1988 when the percent was 62.

- Only about half (49 percent) of 12-17 year olds reported that smoking was associated with great risk of harm in 1992.

- Those with the highest educational attainment were the most likely to perceive great risk associated with smoking cigarettes, but least likely to perceive great risk associated with use of marijuana, cocaine, and heroin.

INTRODUCTION

This report contains national estimates of Americans' perceptions of the availability of various illicit drugs and of the risk of harm associated with their use of various drugs. These data are of interest because high perceived availability and low perceived risk are potential risk factors for drug abuse. Thus, patterns and trends in these perceptions can help researchers and policy makers to understand trends in drug use and help identify populations most vulnerable to initiation and subsequent drug problems. Perceived risk of harm in particular is a risk factor that can potentially be influenced by prevention activities that are designed to educate Americans about the health consequences of drug abuse. Thus, for evaluating the effectiveness of such education activities, a measure of perceived risk of harm may be more appropriate than measures of drug use. Besides this specific use of these data, measures of perceptions also help to provide a general attitudinal context for all types of prevention activities.

These estimates are from the National Household Survey on Drug Abuse (NHSDA), an ongoing national survey of the civilian noninstitutionalized population. The NHSDA is the primary source of statistical information on the use of illegal drugs by the United States population. Conducted periodically by the Federal Government since 1971, the survey collects data by administering questionnaires in person to a representative sample of persons age 12 and older living in the Nation. Prior to 1992, the NHSDA was sponsored by the National Institute on Drug Abuse (NIDA). Since October 1, 1992 the survey has been sponsored by the newly created Substance Abuse and Mental Health Services Administration (SAMHSA). The survey estimates the prevalence of illegal drug use in the United States. Estimates of the prevalence of use can be found in two previously released reports, Advance Report Number 3 and Population Estimates 1992 (see list of references in Appendix 3).

In this report, perceived availability of a drug is measured as the percent reporting that obtaining the drug is either very easy or fairly easy. Perceived risk of harm is presented as the percent reporting that they perceive great risk of harm in using the drug at a specified level of frequency.

By providing basic measures of Americans' opinions about drugs, these data are useful to those concerned with the planning and design of substance abuse prevention programs. The data can provide indications of populations most vulnerable to initiation and subsequent drug problems. For example, populations reporting low perceived risk of drug use would be expected to be more likely to use drugs (and in particular, try drugs for the first time) because they are less concerned about the health problems that could result. In fact, it could be said that the primary purpose of much of the prevention efforts over the past decade has been to increase perceptions of risk associated with substance abuse, by educating the public about the known health risks (e.g., warning labels on alcohol products, media advertising campaigns). Of course, it is also possible that increases in perceived risk could be affected by other factors, such as media attention to celebrity drug overdose deaths, or personal experiences with drug

problems, including those of friends and family. Some have suggested that the widely publicized cocaine overdose deaths of Len Bias and Don Rodgers in 1986 had a major impact on the general public's perceptions of the possible consequences of cocaine use (Johnston 1991).

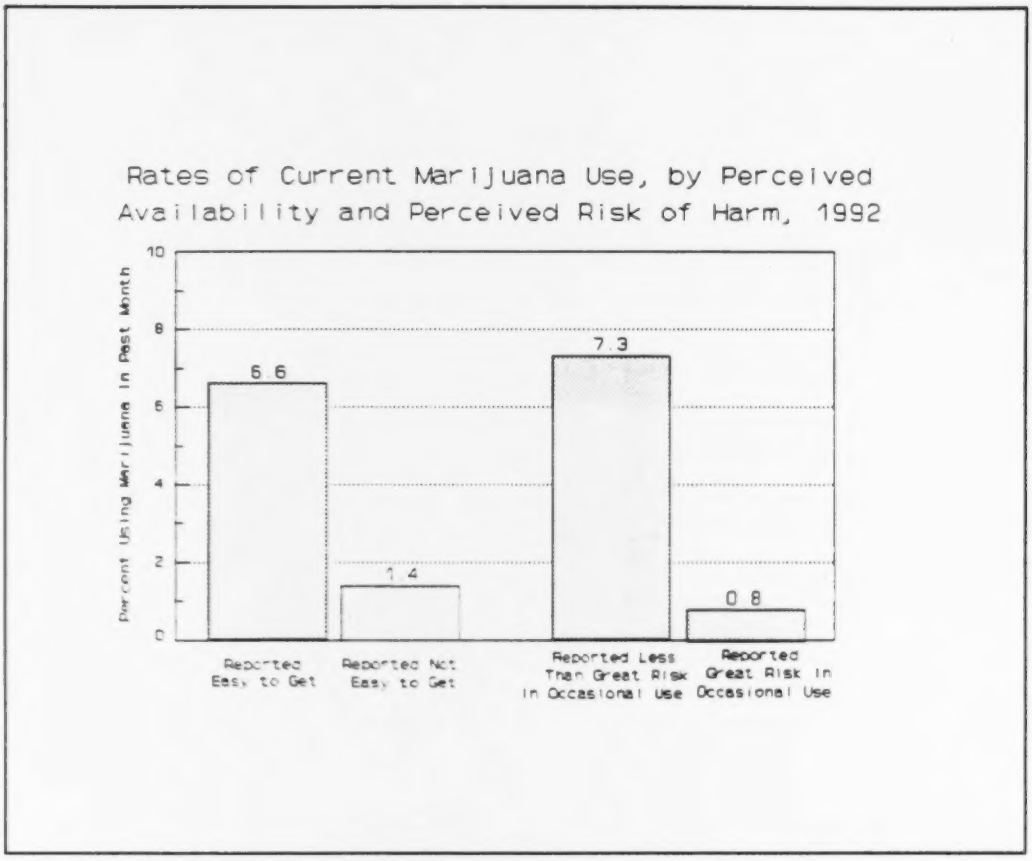
Rates of Current Drug Use by Age, Perceived Availability and Perceived Risk of Harm: 1992

	Perceived Availability		Perceived Risk of Harm [1]	
	Easy to Get	Not Easy to Get	Less than Great Risk	Great Risk
	Percent Using Marijuana in Past Month			
Marijuana				
All Ages	6.6%	1.4%	7.3%	0.8%
12-17	7.4	0.6	6.7	1.5
18-25	13.1	3.6	14.9	2.3
26-34	10.0	3.8	10.7	2.3
35+	2.6	0.8	3.3	0.2
	Percent Using Cocaine in Past Month			
Cocaine				
All Ages	1.5%	0.2%	1.4%	0.3%
12-17	0.7	0.1	0.4	0.2
18-25	3.7	0.4	3.0	1.2
26-34	2.3	0.6	2.4	0.7
35+	0.5	0.1	0.5	0.1
	Percent Using Cigarettes in Past Month			
Cigarettes				
All Ages	N/A	N/A	40.8%	17.7%
12-17	N/A	N/A	12.2	6.9
18-25	N/A	N/A	44.2	23.1
26-34	N/A	N/A	49.5	24.4
35+	N/A	N/A	44.7	15.9

N/A means "not available."

[1] For marijuana, refers to occasional use. For cocaine, refers to trying once or twice. For cigarettes, refers to smoking 1 or more packs per day.

Numerous studies have demonstrated that drug use is correlated with attitudes and beliefs about drugs and drug use (Jones and Battjes 1985). This relationship is also apparent in the NHSDA data, which shows much higher rates of drug use among those who report high perceived availability and low perceived risk of using drugs.



It is important to point out that this relationship could be the result of not only the effect of attitudes on behavior, but also the effect of behavior on attitudes. For example, it may be true that populations with high drug use rates tend to report higher availability simply because they have been purchasing drugs and are familiar with how to obtain them. Similarly, current drug users may report less perceived risk than nonusers because they subconsciously shift their attitude to fit their behavior. Heavy or former drug users may tend to report higher perceived risk due to personal experience with health problems due to drug use.

Studies have shown that attitudes have stronger effects on subsequent drug use behavior than behavior has on later attitudes (Andrews and Kandel 1979; Kahle and Berman 1979). Other research has shown that increases in perceived risk of marijuana and cocaine use among high school seniors appear to "explain" the dramatic decreases in use during the 1980s (Bachman et al 1988; Bachman, Johnston, and O'Malley 1990).

BEST COPY AVAILABLE

The data included in this Advance Report are from the 1985-92 Surveys, with analysis focusing primarily on the 1992 data. The respondent universe for the 1992 NHSDA is the civilian noninstitutionalized population aged 12 years old and older in the United States, including the residents of noninstitutional group quarters (e.g., shelters, rooming houses, dormitories) and residents of civilian housing on military bases. Persons excluded from the universe include the homeless not found in shelters, residents of institutional group quarters (such as jails and hospitals), and active military personnel.

The 1992 survey employed a multistage area probability sample of 28,832 persons interviewed from January through December 1992. The screening and interview response rates were 95 percent and 83 percent, respectively, for an overall response rate of 79 percent. The sample design incorporates varying selection probabilities which result in oversampling of blacks, Hispanics, and young people, to improve the reliability of estimates for those populations. Also incorporated in the NHSDA sample design were special samples of about 2,500 respondents in each of six large metropolitan areas (New York, Washington, D.C., Miami, Chicago, Denver, and Los Angeles).

The household interview takes about an hour to complete and incorporates procedures designed to maximize honest reporting, including the use of self-administered answer sheets. Besides the data on perceived availability and risk, data are collected on the recency and frequency of use of various licit and illicit drugs, demographic characteristics, problems associated with drug use, and drug abuse treatment experience. Appendix 1 contains a more complete description of the NHSDA methodology.

FORMAT OF THE REPORT AND EXPLANATION OF TABLES

Following this section, summaries of the data on perceived availability and perceived risk are presented for several categories of drugs. Explanation of the measures of perceived availability and risk are given at the beginning of each summary. For each drug category, recent trends in use and differences in rates among population subgroups are described. These descriptive analyses are primarily based on the tables provided in Appendix 4. Technical Appendices 1 and 2 provide more detail on the methods used in the NHSDA and limitations of the data. Appendix 3 provides a list of references related to the NHSDA, studies of the relationship between attitudes and behavior, and survey methodology.

The tables and the analysis focus primarily on the 1992 data and recent trends. Perceived availability questions were included in the NHSDA in 1991 and 1992, and covered marijuana, LSD, PCP, cocaine or crack, and heroin. Appendix 4 tables show data on perceived availability by age group, race/ethnicity, sex, and geographic location of residence (population density, region, and metropolitan area). Perceived risk questions pertaining to different frequencies of use of many different drugs were included in the NHSDA in 1985, 1988, 1990, 1991, and 1992. This Advance Report focuses on four specific items from this series (occasional marijuana use, trying cocaine, trying heroin, and smoking one or more packs of cigarettes per day). Appendix 4 tables show these data by age group, race/ethnicity, sex, geographic location of residence (population density and region), education, and employment. As indicated in the tables, statistical significance testing was done for comparisons between 1988 and 1992, and between 1991 and 1992. Significance levels are indicated in the tables, and all changes described in the text as increases or decreases were tested and found to be significant at least at the .05 level.

Tables 1N and 2N in Appendix 4 provide the NHSDA sample sizes of the population subgroups for which estimates of perceived availability and perceived risk are made.

Tables of perceived availability show estimates for the six oversampled metropolitan areas. No discussion of these estimates is included in the text, as the small sample sizes for these estimates make it difficult to draw reliable conclusions. We therefore caution readers not to overinterpret differences between metropolitan areas in these tables, as they are likely to not be statistically significant.

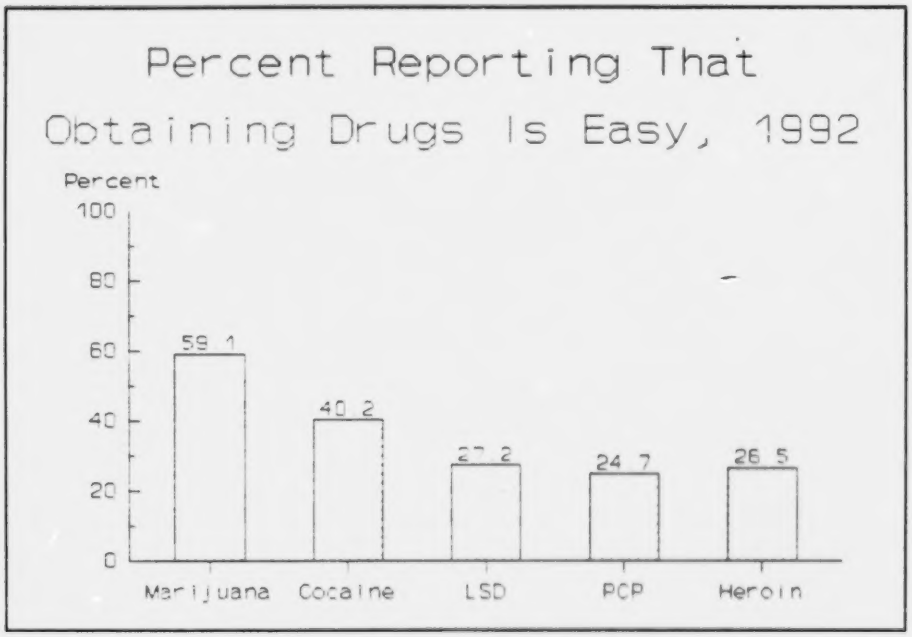
In this report, data are presented for three major race/ethnic groups: whites, blacks, and Hispanics. A fourth category, "Other," includes Asian and Pacific Islanders, American Indians and Alaskan Natives, and other groups. It should be noted that the category "white" includes only non-Hispanic whites and the category "black" includes only non-Hispanic blacks, and the category "Hispanic" includes Hispanics of any race.

Tables also present data by population density. For this variable, large metropolitan areas are defined as Metropolitan Statistical Areas (MSAs) with a 1990 population of 1 million or more. Small metropolitan areas are MSAs with a 1990 population of less than 1 million. Nonmetropolitan areas are areas outside of MSAs. Data are also presented for four geographic regions. These regions are comprised of the following groups of States:

Northeast - ME,NH,VT,MA,RI,CT,NY,NJ,PA.
North Central - ND,SD,NE,KS,MN,LA,MO,WI,IL,MI,IN,OH.
South - TX,OK,AR,LA,MS,TN,KY,WV,VA,MD,DE,DC,NC,SC,GA,FL,AL.
West - CA,OR,WA,ID,NV,AZ,NM,UT,CO,WY,MT,HI,AK.

PERCEIVED AVAILABILITY OF DRUGS

Since 1991, the NHSDA has included questions on the perceived availability of several illicit drugs. On a self-administered answer sheet, respondents are asked to reply to the following question: "How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?" For each of the five drugs in the list, respondents circled either "Probably impossible," "Very difficult," "Fairly difficult," "Fairly easy," or "Very easy." For this report, we have tabulated the percentages who reported either of the last two categories, indicating that it would be easy for them to get the drug. Drugs included in the NHSDA perceived availability questions are marijuana, LSD, PCP, cocaine or crack, and heroin.



Marijuana (Table 3)

- **Overall.** In 1992, 59 percent of Americans reported that marijuana was easy to get. This was somewhat lower than in 1991, when the percentage was 62.

- **Age.** The percent reporting that marijuana was easy to get was highest among 18-25 year olds (78 percent) and 26-34 year olds (70 percent).

- **Race/ethnicity.** The percent reporting that marijuana was easy to get was highest among Blacks in both 1991 and 1992 (64 percent for blacks, 59 percent for whites, and 54 percent for Hispanics in 1992).

- **Sex.** The percent reporting that marijuana was easy to get was higher among men than women (64 percent vs. 54 percent). However, this was only true for adults age 26-34 and 35 and older. For younger age groups, rates were similar for men and women.

- **Geographic.** There was variation among the regions, ranging from 56 percent reporting that marijuana was easy to get to 64 percent. There was little variation between large metropolitan areas, small metropolitan areas, and nonmetropolitan areas.

Cocaine or crack (Table 4)

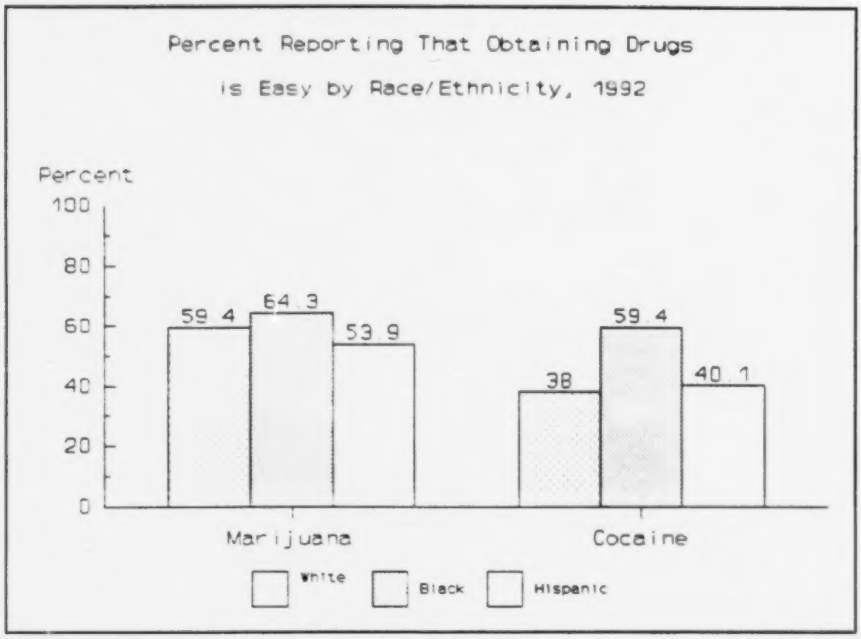
- **Overall.** In 1992, 40 percent of Americans reported that cocaine or crack was easy to get. Fewer people reported cocaine or crack to be easy to get in 1992 than in 1991, when the percentage was 44.

- **Age.** The percent reporting that cocaine or crack was easy to get was highest among 18-25 year olds (50 percent) and 26-34 year olds (48 percent).

- **Race/ethnicity.** Blacks were most likely to report that cocaine or crack was easy to get in both 1991 and 1992 (59 percent for blacks, 40 percent for Hispanics, and 38 percent for whites in 1992). Fifty-six percent of black teenagers in both 1991 and 1992 reported that cocaine or crack was easy to get.

- **Sex.** The percent reporting that cocaine or crack was easy to get was higher among men than women (42 percent vs. 38 percent). However, this was only true for adults age 26-34 and 35 and older. For 18-25 year olds, rates were similar for men and women, and for 12-17 year olds the rate was higher among women (36 percent) than among men (31 percent).

- **Geographic.** The percent reporting that cocaine or crack was easy to get was similar from one region to the next. For both years 1991 and 1992, and for all age groups except 35 and older, the percentages were higher in large metropolitan areas than in nonmetropolitan areas. areas.



LSD (Table 5)

- **Overall.** In 1992, 27 percent of Americans reported that LSD was easy to get. This was little changed from 1991, when the percentage was 28.

- **Age.** In contrast with patterns for marijuana and cocaine, the percent reporting that it was easy to obtain LSD was nearly as high for 12-17 year olds as for other age groups, although 18-25 year olds had the highest percentage (32 percent for 18-25 year olds, 27 percent for 26-34 year olds, and 24 percent for 12-17 year olds). A significant increase in the percentage was reported among 18-25 year olds between 1991 and 1992, from 29 percent to 32 percent.

- **Race/ethnicity.** There was variation among race/ethnicity groups, ranging from 25 percent reporting that LSD was easy to get to 30 percent.

- **Sex.** The percent reporting that LSD was easy to get was similar for men (28 percent) and women (27 percent).

- **Geographic.** The percent reporting that LSD was easy to get was greatest in the West region. There was little variation in the percentage between large metropolitan areas, small metropolitan areas, and nonmetropolitan areas.

PCP (Table 6)

- **Overall.** In 1992, 25 percent of Americans reported that PCP was easy to get. This was little changed from 1991, when the percentage was 26.

- **Age.** In contrast with patterns for marijuana and cocaine, and similar to the pattern for LSD, the percent reporting that PCP was easy to get was nearly as high for 12-17 year olds as for other age groups (22 percent for 12-17 year olds, 23 percent for 18-25 year olds, 24 percent for 26-34 year olds, and 26 percent for those 35 and older).

- **Race/ethnicity.** Blacks were most likely to report that PCP was easy to get in both 1991 and 1992 (30 percent for blacks, 24 percent for whites, and 25 percent for Hispanics in 1992).

- **Sex.** The percent reporting that PCP was easy to get was similar for men (25 percent) and women (25 percent).

- **Geographic.** The percent reporting that PCP was easy to get was greatest in the West region. There was little variation between large metropolitan areas, small metropolitan areas, and nonmetropolitan areas.

Heroin (Table 7)

- **Overall.** In 1992, 27 percent of Americans reported that heroin was easy to get. This was changed little from 1991, when the percentage was 28.

- **Age.** The percentage was 22 percent for 12-17 year olds, 26 percent for 18-25 year olds, 28 percent for 26-34 year olds, and 27 percent for those 35 and older.

- **Race/ethnicity.** Blacks were most likely to report that heroin was easy to get in both 1991 and 1992 (39 percent for blacks, 28 percent for Hispanics, and 25 percent for whites in 1992).

- **Sex.** The percent reporting that heroin was easy to get was similar for men (26 percent) and women (27 percent).

- **Geographic.** The percent reporting that heroin was easy to get did not vary much across the four regions, ranging from 26 percent in the North Central and South to 29 percent in the West in 1992. The percentage was highest in large metropolitan areas (29 percent) and lowest in nonmetropolitan areas (23 percent).

Discussion of Perceived Availability

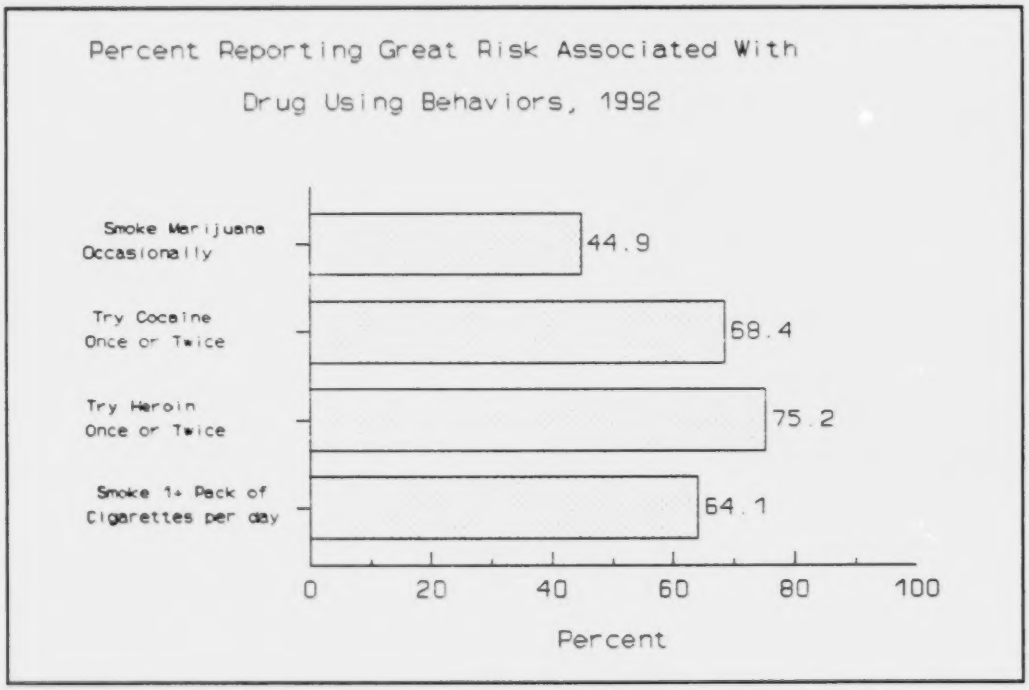
It is important to recognize that perceived availability as measured by the NHSDA does not indicate the supply of drugs. It only measures how difficult or easy the population believes it would be for them to obtain drugs. A drug may be in great supply and readily available in a particular location even though some respondents in that location may perceive it as difficult to get, simply because they are not aware of how to obtain the drug or do not have contacts in the drug trade. Current drug users would be expected to be familiar with how to obtain drugs, and therefore tend to report that drugs would be easy for them to get. The table in the introduction to this report supports this by showing higher rates of drug use among people who report that drugs are easy to get. Looking at this relationship another way, it is also true that current drug users are more likely to report that obtaining drugs is easy. In 1992, for example, 87 percent of current marijuana users reported that marijuana was easy to get, while only 58 percent of nonusers reported that it was easy to get. Similarly, 84 percent of current cocaine users and 40 percent of nonusers reported that cocaine was easy to get.

In general, the percent reporting that drugs were easy to get was highest among age groups that have the highest rates of current drug use, 18-25 and 26-34. The percentages were similar among regions for some drugs while higher in the West for others (LSD, PCP, and heroin). Cocaine and heroin were more likely to be reported as easy to get in large metropolitan areas than in nonmetropolitan areas, but other drugs (marijuana, LSD, and PCP) showed percentages in large metropolitan areas that were no different from nonmetropolitan areas and small metropolitan areas. Blacks usually reported the highest percentages.

The percentage reporting that marijuana and cocaine were easy to get appeared to be diminishing, but changes for LSD, PCP, and heroin were small or nonexistent between 1991 and 1992. These findings are consistent with data from the Drug Enforcement Administration (DEA) on price and purity of drugs on the street (which indicate drug availability). The DEA data indicate little or no change in the availability of LSD and PCP and a slight increase in heroin availability between 1991 and 1992 (Rinfret, personal communication).

PERCEIVED RISK OF HARM OF DRUG USE

To measure perceived risk of using drugs, the NHSDA includes the following question on a self-administered answer sheet: "How much do you think people risk harming themselves physically and in other ways when they do each of the following activities?" For each item on a list of activities (e.g., "try cocaine once or twice") respondents circle either "No risk," "Slight risk," "Moderate risk," or "Great risk." For this report, we have tabulated the percentages who reported "Great risk," associated with "Smoke marijuana occasionally," "Try cocaine once or twice," "Try heroin once or twice," and "Smoke one or more packs of cigarettes per day." The NHSDA also includes items for use of these drugs at other frequencies as well as items for use of other drugs (PCP, crack, anabolic steroids, and alcohol). Data from these other items are presented in NHSDA Main Findings reports. It should be noted that the NHSDA includes separate items for cocaine and crack, and the data included in this report are only from the cocaine item. Data published in Main Findings 1991 have shown that the percentages reporting great risk of using crack are higher than the percentages reporting great risk of using cocaine.



BEST COPY AVAILABLE

Smoking Marijuana Occasionally (Table 9)

- **Overall.** In 1992, 45 percent of Americans reported that they believe occasional marijuana use was associated with great risk of harm. Although this percentage increased from 41 percent in 1985 to 50 percent in 1988, it has been below 50 percent since then, suggesting that fewer people perceived marijuana use as risky in 1992 than in 1988.

- **Age.** The percent associating great risk in 1992 was lowest among 18-25 year olds (32 percent) and 26-34 year olds (31 percent), the age groups with the highest rates of marijuana use. Among 12-17 year olds, the percent reporting that they believe there is great risk associated with occasional marijuana use increased from 37 percent in 1985 to 44 percent in 1988 and 52 percent in 1990, and has stabilized since then (50 percent in 1992).

- **Cohort.** The downward shift in perceived risk since 1988 is greatest among the population aged 35 and older. For this age group, the percent reporting great risk of occasional marijuana use decreased from 62 percent in 1988 to 52 percent in 1992. This raises the possibility that the decrease is related to the aging of younger cohorts (who are less likely to perceive great risk than older cohorts, as seen in table 8) and their entry into the 35 and older age group. However, even among the cohort that was age 35 to 49 in 1988 (and age 39 to 53 in 1992), the percent reporting great risk decreased from 51 percent in 1988 to 42 percent in 1992.

- **Race/ethnicity.** The percent reporting they believe there is great risk associated with occasional marijuana use was lowest for whites (42 percent, vs. 55 percent for blacks and 59 percent for Hispanics).

- **Sex.** Percentages were lower for men (41 percent) than women (49 percent).

- **Geographic.** The percent reporting they believe there is great risk associated with occasional marijuana use was lowest in large metropolitan areas (44 percent) and highest in nonmetropolitan areas (48 percent). The regional estimates displayed variation ranging from 39 percent to 50 percent.

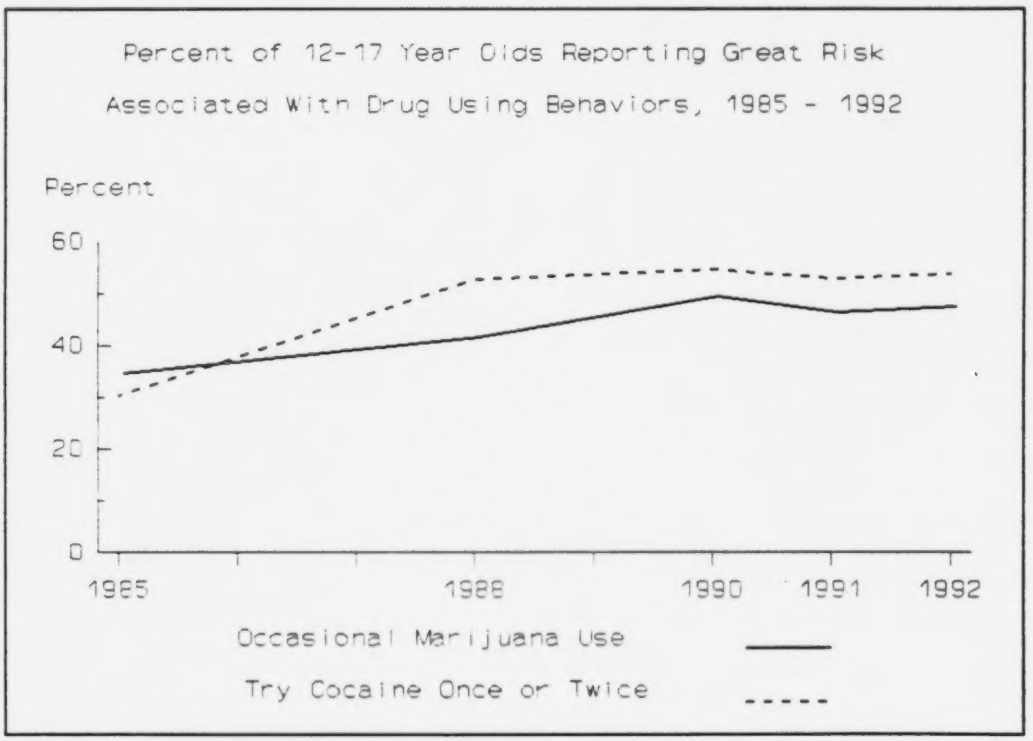
- **Education.** Those with the highest educational attainment were the least likely to perceive great risk in occasional marijuana use. Percents perceiving great risk ranged from 27 percent for college graduates to 65 percent for those who have not completed high school.

- **Employment.** Percentages were similar for employed populations (36 percent for full time employed and 37 percent for part time employed) and unemployed populations (41 percent).

Trying Cocaine Once or Twice (Table 10)

- **Overall.** Between 1985 and 1988, the percent of Americans who reported that they believe that trying cocaine once or twice was associated with great risk of harm increased from 55 to 71. However, since 1988 this percent has decreased to 68, suggesting that fewer people perceived cocaine use as risky in 1992 than in 1988.

- **Age.** The percent who believed there is great risk associated with trying cocaine was lowest among 12-17 year olds (54 percent), but only slightly lower than for 18-25 year olds (58 percent) and 26-34 year olds (60 percent). Among 12-17 year olds, the percent reporting great risk associated with trying cocaine once or twice increased from 31 percent in 1985 to 53 percent in 1988, but has changed little since 1988 (54 percent in 1992).



- **Cohort.** As with marijuana, the shift in perceived risk of cocaine use since 1988 could be partly due to the aging of younger cohorts (who are less likely to perceive great risk than older cohorts) and their entry into the 35 and older age group. The estimates of the percent reporting great risk in trying cocaine for the 35 and older age group decreased from 82 percent in 1988 to 76 percent in 1992. However, even among the cohort that was age 35 to 49 in 1988 (and age 39 to 53 in 1992), this percent decreased from 84 percent in 1988 to 72 percent in 1992.

- **Race/ethnicity.** The percentage was lowest for whites (67 percent, vs. 76 percent for blacks and 72 percent for Hispanics).

- **Sex.** The percent reporting they believe there is great risk associated with trying cocaine was lower for men (64 percent) than women (72 percent).

- **Geographic.** The percent reporting they believe there is great risk associated with trying cocaine ranged from 67 percent in large metropolitan areas to 71 percent in nonmetropolitan areas. There was regional variation with the South having the highest percentage (73 percent).

- **Education.** Those with the highest educational attainment were the least likely to perceive great risk in trying cocaine. Percents ranged from 59 percent for college graduates to 80 percent for those who have not completed high school.

- **Employment.** The percent reporting they believe there is great risk associated with trying cocaine was similar for employed populations (65 percent for full time employed and 63 percent for part time employed) and unemployed populations (68 percent).

Trying Heroin Once or Twice (Table 11)

- **Overall.** In 1992, 75 percent of Americans reported that they believed trying heroin once or twice was associated with great risk of harm. This was little changed from 1988 when the percentage was 77.

- **Age.** The percent reporting great risk associated with trying heroin was lowest among 12-17 year olds (50 percent). The percentage increased with age (65 percent for 18-25 year olds, 74 percent for 26-34 year olds, and 82 percent for those 35 and older). For the age group 35 and older, a somewhat lower percentage was seen in 1992 compared with 1988 (86 percent).

- **Race/ethnicity.** The percent perceiving great risk associated with trying heroin was lowest for whites (74 percent, vs. 80 percent for blacks and 79 percent for Hispanics).

- **Sex.** The percent reporting they believe there is great risk associated with trying heroin was lower for men (73 percent) than women (77 percent).

- **Geographic.** The percent reporting they believe there is great risk associated with trying heroin was similar in large metropolitan areas (76 percent), small metropolitan areas (74 percent) and nonmetropolitan areas (75 percent). The regional percentages ranged from 70 percent to 79 percent.

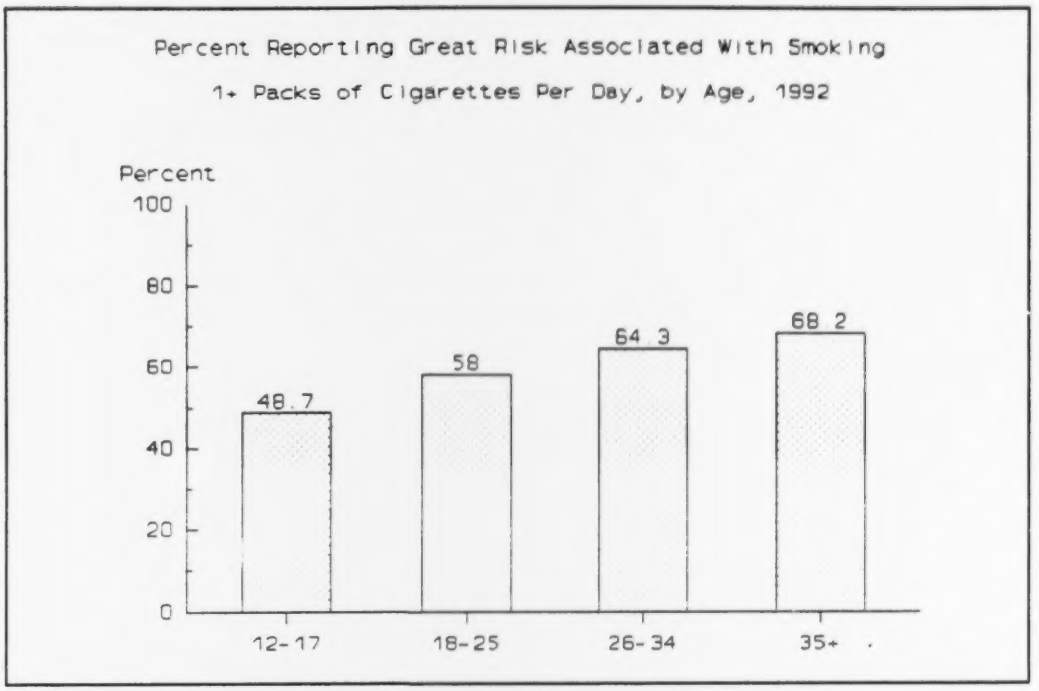
- **Education.** Those with the highest educational attainment were the least likely to perceive great risk in trying heroin. Percents ranged from 73 percent for college graduates to 84 percent for those who have not completed high school.

- **Employment.** The percentages reporting they believe there is great risk associated with trying heroin were similar for employed people (72 percent for part time and 76 percent for full time) and unemployed people (75 percent).

Smoking One or More Packs of Cigarettes Per Day (Table 12)

- **Overall.** In 1992, 64 percent of Americans reported that they believed smoking one or more packs of cigarettes per day was associated with great risk of harm. This was higher than in 1985 when the percentage was 57, but little changed since 1988 when the percent was 62.

- **Age.** The percent who reported there is great risk associated with smoking cigarettes was lowest among 12-17 year olds (49 percent). The percentage increased with age (58 percent for 18-25 year olds, 64 percent for 26-34 year olds, and 68 percent for those 35 and older). Among 12-17 year olds, the proportion reporting great risk associated with smoking cigarettes has remained below one-half and has changed little since 1985. The rate was 45 percent in 1985, 47 percent in 1988, and 49 percent in 1992.



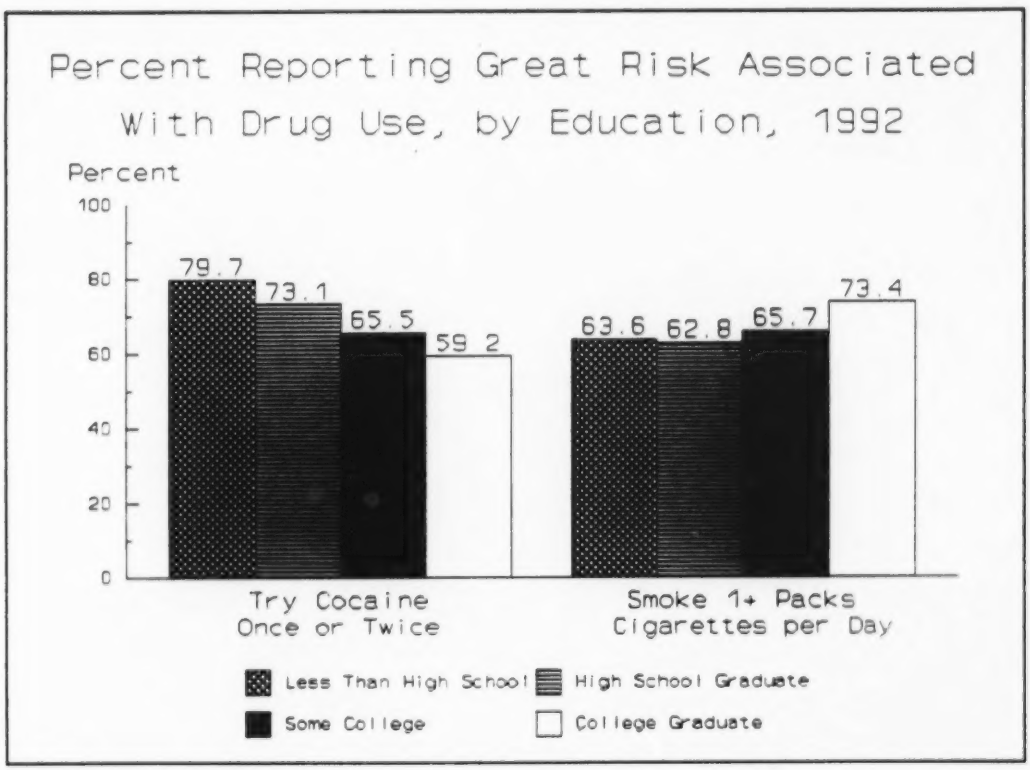
- **Race/ethnicity.** The percentage was lower for whites (63 percent) and blacks (64 percent) than for Hispanics (73 percent).

- **Sex.** The percent reporting they believe there is great risk associated with smoking was lower for men (59 percent) than women (68 percent).

- **Geographic.** The percent reporting they believe there is great risk associated with smoking was similar in small metropolitan areas (62 percent) and nonmetropolitan areas (61 percent), but was higher in large metropolitan areas (68 percent). There was some regional variation ranging from 61 percent to 69 percent.

- **Education.** Those with the lowest educational attainment were the least likely to perceive great risk associated with smoking one or more packs per day. The percentage ranged from 73 percent for college graduates to 64 percent for those who have not completed high school and 63 percent for high school graduates.

- **Employment.** In contrast with the pattern for illicit drug behaviors, the percent reporting they believe there is great risk associated with smoking was similar for unemployed people (61 percent) and employed people (65 and 67 percent for full time and part time, respectively).



Discussion of Perceived Risk of Harm

When interpreting these results, it is important to consider the factors that may influence respondents' perceptions of risk. Different respondents may use different criteria in answering the NHSDA questions on perceived risk. For example, some respondents may believe there are no health risks involved in using a particular drug, but perceive a great risk of harm in using that drug based on the need to travel to a dangerous location or contact drug dealers (who they believe are threatening) to purchase the drug. There is also the possibility that perceived risk is influenced by whether or not a person has used drugs. Current drug users may report less perceived risk than nonusers because they subconsciously shift their attitude to fit their behavior. Heavy or former drug users may tend to report higher perceived risk due to personal experience with health problems due to drug use. (see table and discussion in introduction).

Since 1985, the NHSDA has consistently found that the likelihood of believing there is great risk involved in drug using behavior is greater in older Americans (see Table 8). For cocaine, heroin, and cigarette use, the percentage increases with each succeeding age group. Perceived risk of occasional marijuana use exhibits a somewhat different pattern, with 18-34 year olds generally having the lowest percentages associating great risk. While this consistent pattern by age groups impacts on trends in perceived risk, estimates for specific age cohorts also show that trends are influenced by changing perceptions. In contrast with the overall pattern of higher percentages in older populations, the cohort of 35-49 year olds in 1988 shows a decline over time (between 1988 and 1992) in the percent reporting they believe there is great risk associated with use of marijuana and cocaine. A more detailed analysis of these data would clarify the contribution of cohort and age group patterns to the overall trends.

In general, Americans' attitudes about illicit drug use changed dramatically between 1985 and 1988. Large increases in the percent of the population perceiving great risk in marijuana, cocaine and heroin use were seen. For youths' (age 12-17) attitudes about marijuana use, these changes continued until 1990. However, since 1990 there have been no further increases in these measures.

A similar trend is seen in perceived risk of smoking cigarettes, with increases between 1985 and 1988, but little change since then. However, the trend for youths is somewhat different for smoking cigarettes. The percent of youths perceiving great risk in smoking has changed little since 1985.

The trends in perceived risk from the NHSDA are consistent with trends found by the Monitoring the Future Study (MTF) which has collected these data on high school seniors since 1975. MTF showed substantial increases in perceived great risk of occasional marijuana use among seniors between 1978 and 1991, with no improvement since then (12 percent in 1978, 25 percent in 1985, 41 percent in 1991, and 40 percent in 1992). The perceived great risk of trying cocaine once or twice among seniors rose from 34 percent in 1986 to 59 percent in 1991, but in 1992 it was 57 percent. As with the NHSDA, MTF shows little improvement in perceived great risk of smoking a pack or more of cigarettes per day among high school seniors (67 percent in 1985 and 69 percent in 1992). The perceived great risk of trying heroin has remained at 54-55 percent between 1987 and 1991, but dropped to 51 percent in 1992 among high school seniors (Johnston, O'Malley, and Bachman 1993).

In summary, these trends from the NHSDA and MTF clearly demonstrate the significant gains made in the 1980s in educating Americans about the health risks of illicit drugs. They are consonant with studies that have concluded that such changes in attitude can play an important role in reducing the demand for drugs (e.g., Bachman et al 1988), and they illustrate the success of the various prevention activities undertaken in the 1980s. However, the lack of significant progress regarding perceptions of risk of cigarette use and the lack of any progress at all regarding perceptions of risk in using illicit drugs in the 1990s suggests that more needs to be done in this area.

APPENDIX 1: DESCRIPTION OF THE SURVEY

I. Sample Design

The sample design of the survey has changed over time, but it has always been representative of the U.S general population age 12 and older and has always oversampled youths and young adults. The 1992 NHSDA employed a multistage area probability sample of 28,832 persons. The first stage of selection is a sample of 118 Primary Sampling Units (PSUs), each consisting of counties (administrative subdivisions of States) or groups of counties such as metropolitan areas. Within these PSUs, segments (such as city blocks or enumeration districts) are selected. In 1992, 3,218 segments were selected, and in each of these segments a listing of all addresses was made, from which a sample of 73,654 addresses of eligible sample units was selected. In these sample units (which can be either households or group quarters), sample persons were randomly selected (with unequal probabilities) using a screening procedure carried out by interviewers.

The 1992 NHSDA sampled segments were allocated equally into four separate samples, one for each three month period during the year, so that the survey is essentially continuously in the field. By assigning the appropriate selection probabilities at the PSU, segment, and person levels, oversampling of certain subpopulations of interest is accomplished. In 1992, these subpopulations were young people (age 12-34), African-Americans, Hispanics, and six large metropolitan areas. The six metropolitan areas were New York, Washington, D.C., Miami, Chicago, Denver, and Los Angeles.

Although they are not oversampled, the survey does include persons living in noninstitutional group quarters when these units fall into the sample. This primarily consists of students living in dormitories, but also includes some homeless persons who are living in shelters at the time that the shelter addresses are selected.

II. Data Collection Methodology

The data collection method used in the NHSDA is to conduct in-person interviews with sample persons, incorporating procedures that would be likely to maximize respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Introductory letters are sent to sampled addresses, followed by an interviewer visit. A five-minute screening procedure involves listing all household members along with their basic demographic data and a selection of sample person(s). This selection process is designed to provide the necessary sample sizes for specified population groups by selecting either 0, 1, or 2 persons per household, depending on the composition of the household.

Interviewers attempt to conduct interviews in a private place, away from other household members. The interview averages about an hour, and includes a combination of interviewer-administered and self-administered questions. With this procedure, the answers to sensitive questions (such as those on illicit drug use) are recorded by the respondent and not seen or reviewed by the interviewer. After these answer sheets are completed, they are placed by the respondent in an envelope, which is sealed and mailed back to the contractor, Research Triangle Institute, with no respondent name or address information.

III. Data Processing

Upon receipt, questionnaires are checked for critical identification and demographic data, then keyed to disk. This creates a file consisting of one record for each completed interview. Extensive within-record consistency checks and resolution of most inconsistencies and missing data are done using machine editing routines, called logical imputation. For some key variables that still have missing values after the application of logical imputation, statistical imputation is used to replace the missing data with appropriate valid response codes. Two types of statistical imputation procedures are used. Hot-deck imputation involves the replacement of a missing value with a valid code taken from another respondent who is "similar" and has complete data. Logistic regression models are also used to determine replacement values for some variables.

For perceived availability and perceived risk data, there are no consistency checks or imputations for missing data, because these are "stand-alone" questions that do not directly compare to other information collected on the questionnaire. For the small number of completed interviews which have missing data for these items (less than 4 percent of the full sample for perceived availability items and about 1 percent for perceived risk items in 1992), data remain missing throughout analyses and these missing cases are removed from calculations of percentages.

Each record (i.e., respondent) is assigned an analysis weight which incorporates:

a. The inverse of the selection probability for the respondent. This is the product of the inverses of selection probabilities at each stage of sampling.

b. Adjustments for household and person-level nonresponse.

c. Poststratification adjustment to Census projections (of the civilian noninstitutionalized population of the total U.S.) for the midpoint of each NHSDA data collection period. Adjustments are made to age, sex, and race/ethnicity distributions.

Data are generally released to the public about six months after the end of data collection. Public use data files are available 1-2 years after completion of data collection.

IV. Other Reports Available or Planned

Initial results of the 1992 NHSDA were released by SAMHSA in Advance Report Number 3, Preliminary Estimates from the 1992 National Household Survey on Drug Abuse, June 1993. This report included basic findings from the survey, including analyses of trends. In October 1993, Population Estimates 1992 was published, containing detailed tabulations of prevalence estimates from the 1992 survey. A more detailed report on the results of the 1992 NHSDA, Main Findings 1992, will be published in 1994. This report will include a summary of all data collected in the survey, including perceived risk. A complete description of the survey methodology is included in Main Findings reports. Data on perceived risk from the 1991 NHSDA were included in Main Findings 1991, published in August 1993. Further analyses of the 1992 NHSDA data is ongoing, and may result in additional SAMHSA publications.

APPENDIX 2: LIMITATIONS OF THE DATA

I. Target Population

An important limitation of the NHSDA estimates is that they are only designed to describe the target population of the survey, the civilian noninstitutionalized population. Although this includes more than 98% of the total U.S. population, it does exclude some important and unique subpopulations who may have very different drug-using patterns and perceptions. The survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use. Persons living in institutional group quarters such as prisons and residential drug treatment centers are not covered in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use.

II. Sampling Error and Statistical Significance

The sampling error of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample and by using efficient sample design and estimation strategies such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in the NHSDA, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated for all prevalence estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NHSDA design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

Estimates considered to be unreliable due to unacceptably large sampling error are not shown in this report, and are noted by asterisks (*) in the tables in the appendix. The criterion used for suppressing estimates was based on the relative standard error (RSE), which is defined as the ratio of the standard error over the estimate. The log transformation of the proportion estimate (p) was used to calculate the RSE. Specifically, rates and corresponding estimated number of users were suppressed if:

$$\text{RSE}[-\ln(p)] > 0.175 \quad \text{when } p \leq .5$$
$$\text{or} \quad \text{RSE}[-\ln(1-p)] > 0.175 \quad \text{when } p > .5.$$

Statistical tests of significance have been computed for comparisons of estimates from 1991 and 1992 and from 1988 and 1992 shown in the appendix 5 tables. As indicated in the footnotes, significant differences are noted by "a" (significant at the .05 level of significance) and "b" (significant at the .01 level of significance). All changes described in this report as increases or decreases were tested and found to be significant at least at the .05 level.

Nonsampling errors such as nonresponse and reporting errors may affect the outcome of significance tests. Also, keep in mind that while a level of significance equal to .05 is used to determine statistical significance in these tables, large differences associated with slightly higher p-values (specifically those between .05 and .10) may be worth noting along with the p-values. Furthermore, statistically significant differences are not always meaningful, because the magnitude of difference may be small or because the significance may have occurred simply by chance. In a series of twenty independent tests, it is to be expected that one test will indicate significance merely by chance even if there is no real difference in the populations compared. In making more than one comparison among three or more percentages (comparing percentages within a table), there has been no attempt to adjust the level of significance to account for making simultaneous inferences (often referred to as multiple comparisons). Therefore, the probability of falsely rejecting the null hypothesis at least once in a family of k comparisons is higher than the significance level given for individual comparisons (in this report, either .01 or .05).

When making comparisons of estimates for different population subgroups from the same data year, the covariance term, which is usually small and positive, has typically been ignored. This results in somewhat conservative tests of hypotheses that will sometimes fail to establish statistical significance when in fact it exists.

III. Nonsampling Error

Nonsampling errors occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, and close monitoring and periodic retraining of interviewers.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of the effects of some types of nonsampling errors can be obtained through proxy measures such as response rates and from other research studies.

Of the 73,654 eligible households sampled, 69,995 were successfully screened for a screening response rate of 95%. In these screened households, a total of 34,942 sample persons were selected, and completed interviews were obtained from 28,832 of these people, for an interview response rate of 82.5%. 8.4% of sample persons were classified as refusals, 5.2% were not available or never at home, and 3.8% did not participate for various other reasons, such as physical or mental incompetence or language barrier. Response rates were highest in younger age groups. Response rates were also higher among Hispanics (86%) and blacks (85%) than among whites (80%).

A particular concern for the data presented in this report is the limitations of all data generated from questions on attitudes and beliefs. Research has demonstrated that such data are more subject to variation depending on the exact wordings of questions than are behavioral or factual data (Schuman and Presser 1981). While many investigators have used multiple-item indexes to achieve higher reliability of attitude measurements, the measurements of perceived availability and perceived risk of harm used in this report are each based on single items (Schuman and Johnson 1976). When interpreting these data, the absolute levels of indicators are therefore less important than are changes over time or differences among population subgroups. However, it is also important to consider that this measurement error is not fully accounted for by sampling errors used in testing for statistical significance.

IV. Cautions Regarding Trends Among Blacks

Previous analyses of the 1992 NHSDA data document an unusual pattern of decline among blacks in the use of both licit and illicit drugs between 1991 and 1992. For example, the rate of lifetime illicit drug use among blacks was 39.2 percent in 1991 and 33.6 percent in 1992. Lifetime cocaine use dropped from 11.2 percent to 8.6 percent. Lifetime alcohol use dropped from 79.0 percent to 75.2 percent, and lifetime cigarette use decreased from 65.3 percent to 61.3 percent. Significant declines also occurred for current use of many drugs.

These declines are especially surprising in the lifetime drug use estimates because only one calendar year has passed between the 1991 and 1992 surveys, rendering the target populations for the two surveys essentially the same. Furthermore, any changes in lifetime use of illicit drugs should generally be upward because of the aging of the drug using cohorts who remain "lifetime users" in each successive survey.

Because of concerns about these unusual results found in the 1992 data, OAS formed a Peer Review Committee (PRC) to evaluate the results and make recommendations about their release and publication. The PRC identified and explored a series of possible methodological and substantive causes for the observed changes in drug use. Possible explanations that were studied included sampling error and changes in the sample design; editing, imputation, and weighting adjustments; sample frame differences; interviewer effects; seasonality of drug use behavior; nonresponse bias; changes in questionnaire and field procedures; cohort effects; changes in the composition of the target population; changes in willingness to report drug use; and the impact of external events. Although the PRC did not study the trends in perceived availability and perceived risk, it is possible that the factors that affected the drug use estimates may have also affected these additional data.

The consensus of the PRC was that "the observed differences between 1991 and 1992 cannot be explained by a single factor, although several small differences were found among the factors examined." The committee concluded that "the design and procedures for sampling, weighting, editing, and imputing the survey results are statistically sound," and stated that "the unexpected decrease in lifetime drug use among blacks is an example of what can occasionally occur in

survey estimates, particularly when a large number of different estimates are generated and comparisons are made." They concluded that "some of the decline in current drug use in 1992 is likely to reflect a real decline." The PRC recommended that estimates for 1992 be released by SAMHSA, along with footnotes or caveats indicating that comparisons of the rates for blacks to previous surveys' results should be made with caution due to the observed inconsistencies. The full report prepared by the PRC is available from OAS upon request.

APPENDIX 3: LIST OF REFERENCES

Andrews, K.H. and Kandel, D.B. (1979). Attitude and Behavior: A Specification of the Contingent Consistency Hypothesis. American Sociological Review. 44:298-310.

Bachman, J.G., Johnston, L.D., O'Malley, P.M., and Humphrey, R.H. (1988). Explaining the Recent Decline in Marijuana Use: Differentiating the Effects of Perceived Risks, Disapproval, and General Lifestyle Factors. Journal of Health and Social Behavior. Vol. 29 (March):92-112.

Bachman, J.G., Johnston, L.D., and O'Malley, P.M. (1990). Explaining the Recent Decline in Cocaine Use Among Young Adults: Further Evidence that Perceived Risks and Disapproval Lead to Reduced Drug Use. Journal of Health and Social Behavior. Vol. 31: 173-184.

Johnston, L.D. (1991). Toward a Theory of Drug Epidemics. In: R.L Donehew, H. Sypher, and W. Bukoski (Eds.): Persuasive Communication and Drug Abuse Prevention. Hillsdale, N.J.: Lawrence Erlbaum.

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1993). National Survey Results from Monitoring the Future Study, 1975-1992. Volume 1, Secondary School Students. NIH Publication No. 93-3597.

Jones, C.L. and Battjes, R.J. (Eds.) (1985). Etiology of Drug Abuse: Implications for Prevention. NIDA Research Monograph No. 56. DHHS Pub. No. (ADM) 85-1335. Washington, U.S. Govt. Printing Office.

Kahle, L. R. and Berman, J.T. (1979). Attitudes Cause Behaviors: A Cross-Lagged Panel Analysis. Journal of Personality and Social Psychology. 37:315-21.

Kopstein, A., and Gfroerer, J. (1989). Perceived Harmfulness of Drug Abuse: The National Household Survey on Drug Abuse, 1985 and 1988. Paper presented at the annual meeting of the American Public Health Association.

Schuman, H. and Johnson, M. (1976). Attitudes and Behavior. Annual Review of Sociology. 2:161-207.

Schuman, H. and Presser, S. (1981). Questions and Answers in Attitude Surveys. Academic Press. New York.

Substance Abuse and Mental Health Services Administration (1993). National Household Survey on Drug Abuse: Main Findings 1991. DHHS Pub. No. (SMA) 93-1980, Washington, DC: Supt. of Docs., U.S. Govt. Print. Off.

Substance Abuse and Mental Health Services Administration (1993). National Household Survey on Drug Abuse: Population Estimates, 1992. DHHS Pub. No. (SMA) 93-2053. Washington, DC: Supt. of Docs., U.S. Govt. Print. Off.

Substance Abuse and Mental Health Services Administration (1993). Advance Report Number 3. Preliminary Estimates from the 1992 National Household Survey on Drug Abuse. Office of Applied Studies, April 1993.

Turner, C.F., Lessler, J.T., and Gfroerer, J.C. (Eds.) (1992). Survey Measurement of Drug Use: Methodological Studies. National Institute on Drug Abuse. DHHS Pub. No. (ADM) 92-1929. Washington, U.S. Govt. Printing Office.

U.S. Department of Health and Human Services. (1993a). Monitoring the Future. HHS News Release (April 13, 1993).

U.S. Department of Health and Human Services. (1993b). National Household Survey on Drug Abuse. HHS News Release (June 23, 1993).

APPENDIX 4: DETAILED TABULATIONS

Table 1N. Survey Sample Sizes Reporting About Availability of Marijuana, by Age Group and Demographic Characteristics: 1991 and 1992.

Demographic Characteristic	AGE GROUP (Years)								TOTAL	
	12-17		18-25		26-34		35 and Older			
	1991	1992	1991	1992	1991	1992	1991	1992	1991	1992
TOTAL	7,878	7,140	7,838	7,626	8,000	7,392	8,172	6,107	31,888	28,265
RACE/ ETHNICITY										
White	3,597	3,068	3,662	3,530	3,958	3,855	4,145	3,392	15,362	13,845
Black	2,003	1,854	1,995	1,698	1,897	1,530	1,954	1,298	7,849	6,380
Hispanic	1,988	1,905	1,885	2,074	1,923	1,753	1,923	1,240	7,719	6,972
Other	290	313	296	324	222	254	150	177	958	1,068
SEX										
Male	3,931	3,617	3,431	3,413	3,370	3,107	3,412	2,631	14,144	12,768
Female	3,947	3,523	4,407	4,213	4,630	4,285	4,760	3,476	17,744	15,497
POPULATION DENSITY[1]										
Large Metro	5,241	5,163	5,135	5,656	5,606	5,307	5,601	4,466	21,583	20,592
Small Metro	1,639	1,191	1,715	1,203	1 511	1,255	1,580	954	6,445	4,603
Nonmetro	998	786	988	767	883	830	991	687	3,860	3,070
REGION										
Northeast	1,257	1,009	1,268	1,136	1,332	1,186	1,490	1,146	5,347	4,477
North Central	1,399	1,327	1,377	1,306	1,422	1,257	1,425	1,057	5,623	4,947
South	3,250	2,740	3,262	2,986	3,078	2,795	3,257	2,212	12,847	10,733
West	1,972	2,064	1,931	2,198	2,168	2,154	2,000	1,692	8,071	8,108
METROPOLITAN AREA										
Chicago	601	699	644	709	692	546	613	514	2,550	2,468
Denver	550	652	474	796	636	717	632	544	2,292	2,709
Los Angeles	607	738	669	693	664	656	567	541	2,507	2,628
Miami	652	709	608	723	677	669	760	513	2,697	2,614
New York	628	594	646	649	709	653	884	730	2,867	2,626
Washington, D.C.	637	614	614	735	654	598	587	555	2,492	2,502

N/A: Not applicable.

[1]Population density is based on 1984 MSA classifications and their 1990 Census of Population counts.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE

30525

Table 2N. Survey Sample Sizes Reporting Perceptions About Risk of Smoking Marijuana Occasionally, by Age Group and Demographic Characteristics: 1988, 1990, 1991 and 1992.

Demographic Characteristic	AGE GROUP																TOTAL			
	12-17				18-25				26-34				35 and Older							
	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992
TOTAL	3,078	2,167	7,926	7,184	1,495	2,043	7,867	7,657	1,973	2,339	8,042	7,451	2,192	2,636	8,372	6,238	8,738	9,185	32,207	28,530
RACE/ ETHNICITY																				
White	1,515	1,132	3,618	3,084	696	1,122	3,665	3,539	1,091	1,354	3,978	3,880	1,224	1,597	4,234	3,471	4,526	5,205	15,495	13,974
Black	742	445	2,013	1,860	320	413	2,002	1,701	364	453	1,903	1,532	449	512	2,004	1,313	1,875	1,823	7,922	6,406
Hispanic	754	523	2,007	1,925	448	444	1,902	2,088	469	458	1,940	1,782	487	471	1,977	1,272	2,158	1,896	7,826	7,067
Other	67	67	288	315	31	64	298	329	49	74	221	257	32	56	157	182	179	261	964	1,083
SEX																				
Male	1,548	1,048	3,951	3,636	636	972	3,438	3,423	835	982	3,374	3,128	880	1,127	3,474	2,670	3,899	4,129	14,237	12,857
Female	1,530	1,119	3,975	3,548	859	1,071	4,429	4,234	1,138	1,357	4,668	4,323	1,312	1,509	4,898	3,568	4,839	5,056	17,970	15,673
POPULATION DENSITY[1]																				
Large Metro	1,520	1,315	5,285	5,199	783	1,360	5,161	5,672	994	1,532	5,637	5,345	1,102	1,653	5,745	4,541	4,399	5,860	21,828	20,757
Small Metro	864	513	1,642	1,197	413	418	1,713	1,211	561	468	1,517	1,271	610	592	1,611	985	2,448	1,991	6,483	4,664
Nonmetro	694	339	999	788	299	265	993	774	418	339	888	835	480	391	1,016	712	1,891	1,334	3,896	3,109
REGION																				
Northeast	567	322	1,268	1,021	268	299	1,274	1,138	373	337	1,349	1,192	469	455	1,538	1,176	1,677	1,413	5,429	4,527
North Central	647	353	1,405	1,333	276	329	1,382	1,309	414	387	1,425	1,266	418	409	1,443	1,090	1,755	1,478	5,655	4,998
South	1,209	1,010	3,262	2,750	573	975	3,271	2,999	728	1,100	3,089	2,823	826	1,225	3,326	2,234	3,336	4,310	12,948	10,806
West	655	482	1,991	2,080	378	440	1,940	2,211	458	515	2,179	2,170	479	547	2,065	1,738	1,970	1,984	8,175	8,199
ADULT EDUCATION[2,3]																				
< High School	N/A	N/A	N/A	N/A	416	495	1,967	1,885	410	441	1,583	1,443	877	848	2,740	1,641	1,703	1,784	6,290	4,969
High School Grad	N/A	N/A	N/A	N/A	648	764	2,918	2,770	787	828	2,792	2,541	663	836	2,645	1,911	2,098	2,428	8,355	7,222
Some College	N/A	N/A	N/A	N/A	319	547	2,218	2,197	398	501	1,822	1,725	335	430	1,411	1,239	1,052	1,478	5,451	5,161
College Graduate	N/A	N/A	N/A	N/A	102	237	764	805	372	569	1,845	1,742	307	522	1,576	1,447	781	1,328	4,185	3,994
CURRENT EMPLOYMENT[4,5]																				
Full-time	N/A	N/A	N/A	N/A	723	1,049	3,246	3,282	1,272	1,613	5,304	4,716	1,007	1,281	4,178	3,577	3,002	3,943	12,728	11,575
Part-time	N/A	N/A	N/A	N/A	266	397	1,549	1,509	195	239	739	720	199	246	709	534	660	882	2,997	2,763
Unemployed	N/A	N/A	N/A	N/A	164	196	953	968	135	149	727	755	86	107	440	415	385	452	2,120	2,138
Other[6]	N/A	N/A	N/A	N/A	336	401	2,119	1,898	368	338	1,272	1,260	896	1,002	3,045	1,712	1,600	1,741	6,436	4,870

N/A: Not applicable.

[1]For all years 1988-1992 in these tables, population density is based on 1984 MSA classifications and their 1990 Census of Population counts. For 1988 and 1990 estimates reported elsewhere before October 1991, population density used 1980 Census counts for the SMSA classifications in effect in 1980. The estimates reported here for 1988 and 1990 may therefore differ from and are not strictly comparable to similarly-labeled earlier estimates.
[2]Data on adult education not applicable for persons aged 12-17. Totals are for those aged $\geq$18.
[3]In 1988, data were missing for 10 persons aged 18-25, 6 persons aged 26-34, and 13 persons aged $\geq$35. Missing data for 1990, 1991, and 1992 were imputed.
[4]Data on current employment not applicable for persons aged 12-17. Totals are for those aged $\geq$18.
[5]In 1988, data were missing for 6 persons aged 18-25, 3 persons aged 26-34, and 5 persons aged $\geq$35. Missing data for 1990, 1991, and 1992 were imputed.
[6]Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE

Table 3. Percentages Reporting that Obtaining Marijuana is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1991 and 1992.

Demographic Characteristic	AGE GROUP (Years)								TOTAL	
	12-17		18-25		26-34		35 and Older			
	1991	1992	1991	1992	1991	1992	1991	1992	1991	1992
TOTAL	53.6	51.0	78.6	77.5	73.3[b]	69.8	55.6[a]	52.5	62.1[b]	59.1
RACE/ ETHNICITY										
White	53.3	50.0	81.0	79.5	76.0[b]	72.2	55.5	52.6	62.5[b]	59.4
Black	57.3	58.2	79.6	79.5	70.2	69.9	63.8	58.6	67.0	64.3
Hispanic	53.3	49.5	66.2	67.7	62.1	60.6	53.4[a]	45.9	57.9[a]	53.9
Other	45.9	44.6	62.3	60.6	54.8	45.4	32.6	43.0	44.2	46.5
SEX										
Male	56.0[a]	51.7	81.0	78.6	76.8	74.7	59.6	59.2	65.8	64.1
Female	51.2	50.2	76.2	76.5	69.8[b]	65.1	52.1[b]	46.5	58.7[b]	54.4
POPULATION DENSITY[1]										
Large Metro	56.3	53.1	76.5	77.6	72.7[a]	69.2	53.1	50.6	60.7	58.3
Small Metro	54.5	51.6	80.8[a]	75.3	74.0[b]	68.4	53.7	52.2	61.7	58.4
Nonmetro	48.5	46.8	78.8	80.4	73.4	73.2	62.7	56.2	65.3	61.4
REGION										
Northeast	54.8	52.5	81.2	82.4	74.8	69.1	53.3[a]	46.1	61.5[b]	55.8
North Central	53.1	48.8	79.3	75.7	74.8[b]	67.4	55.1	56.7	62.0	60.3
South	51.4	48.8	76.7	76.3	69.9	69.9	53.8	49.8	60.0	57.3
West	57.8	56.0	78.5	77.3	75.4	73.0	62.0	58.9	66.8	64.0
METROPOLITAN AREA										
Chicago	59.8[b]	50.5	76.4	74.7	71.6[a]	63.5	49.4	45.4	59.6	53.9
Denver	50.5[a]	59.6	72.5[b]	83.2	68.1	73.7	53.4	56.0	58.5	63.2
Los Angeles	52.4	51.4	74.0	72.4	72.1[a]	65.2	60.4	56.1	64.9	60.4
Miami	45.5	41.2	69.0[b]	54.3	61.6[a]	52.3	45.1[b]	32.9	51.4[b]	40.5
New York	63.5	60.4	83.0	78.2	77.3[a]	67.7	55.0	51.5	64.1[a]	58.3
Washington, D.C.	53.2	47.0	71.7	75.3	63.5	66.0	53.6[b]	43.0	58.5[a]	52.8

N/A: Not applicable.
*Low precision; no estimate reported.

[1]Population density is based on 1984 MSA classifications and their 1990 Census of Population counts.

[a]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .05 level.
[b]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE

Table 4. Percentages Reporting that Obtaining Cocaine or Crack is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1991 and 1992.

Demographic Characteristic	AGE GROUP (Years)								TOTAL	
	12-17		18-25		26-34		35 and Older			
	1991	1992	1991	1992	1991	1992	1991	1992	1991	1992
TOTAL	35.7	33.4	51.8	49.9	52.7[b]	48.3	40.0[b]	36.3	43.7[b]	40.2
RACE/ ETHNICITY										
White	30.9	28.0	48.5	46.4	51.9[b]	46.4	38.0	35.1	41.3[b]	38.0
Black	56.4	56.1	73.2	74.5	65.8	66.5	59.0[a]	52.3	62.5	59.4
Hispanic	39.1	36.7	51.3	49.0	49.3	46.6	42.5[b]	33.7	45.3[b]	40.1
Other	30.7	31.3	40.2[a]	28.5	32.8	28.6	25.5	22.6	30.3	25.6
SEX										
Male	34.8[a]	30.6	51.9	50.4	56.3[b]	50.6	42.4	39.7	45.8[b]	42.3
Female	36.7	36.5	51.8	49.4	49.2	46.1	37.9[a]	33.3	41.9[b]	38.2
POPULATION DENSITY[1]										
Large Metro	40.8	39.0	57.2	56.0	55.2	51.7	41.0	38.7	46.2[a]	43.7
Small Metro	36.0	32.4	51.4[b]	45.1	53.9[b]	46.3	38.9	36.7	43.4[a]	39.2
Nonmetro	27.6	25.9	43.4	45.3	45.4	43.6	39.8[b]	31.7	39.9[a]	35.0
REGION										
Northeast	38.4	33.5	56.7	53.6	55.0	49.4	39.3	33.4	44.8[b]	39.1
North Central	32.0	28.3	50.2[a]	42.6	49.4	42.5	38.5	38.8	41.5	38.8
South	35.6	34.7	48.1[a]	52.2	49.7	49.9	38.0	34.1	41.4	39.7
West	38.0	37.1	55.9	50.1	59.2[b]	51.0	46.4	40.5	49.6[b]	43.6
METROPOLITAN AREA										
Chicago	46.9[b]	36.9	58.0	52.9	56.3[b]	45.5	39.5	37.5	46.9	41.3
Denver	29.7	32.9	52.0	48.9	50.0	46.7	38.8	34.9	41.9	38.8
Los Angeles	37.7	37.5	59.7[a]	51.9	56.8[a]	48.7	42.7[a]	33.6	48.5[b]	40.3
Miami	38.8	33.9	58.7[a]	40.9	51.3	44.3	40.4[b]	26.7	44.7[a]	32.8
New York	51.4	47.2	69.4	68.7	64.5[b]	55.0	44.0	35.8	52.3[a]	44.2
Washington, D.C.	46.2	40.1	48.7[a]	57.7	55.0	55.6	43.5[a]	34.3	47.1	42.6

N/A: Not applicable.
*Low precision; no estimate reported.

[1]Population density is based on 1984 MSA classifications and their 1990 Census of Population counts.

[a]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .05 level.
[b]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

Table 5. Percentages Reporting that Obtaining LSD is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1991 and 1992.

Demographic Characteristic	AGE GROUP (Years)								TOTAL	
	12-17		18-25		26-34		35 and Older			
	1991	1992	1991	1992	1991	1992	1991	1992	1991	1992
TOTAL	24.0	24.4	29.0[a]	32.0	27.9	27.0	29.0	26.6	28.2	27.2
RACE/ ETHNICITY										
White	24.3	24.7	29.1[a]	33.1	27.5	26.4	28.5	26.6	28.0	27.2
Black	22.7	24.4	30.5	29.4	31.9	33.4	35.1	30.3	31.9	30.0
Hispanic	25.1	23.6	29.3	30.4	27.2	26.7	29.6[a]	22.9	28.3	25.3
Other	20.0	20.2	20.6	24.5	21.7	19.7	18.8	22.3	19.9	21.9
SEX										
Male	22.2	22.6	30.2	31.4	28.7	26.3	28.6	28.1	28.1	27.7
Female	25.8	26.2	27.8[b]	32.6	27.1	27.7	29.3[a]	25.2	28.3	26.8
POPULATION DENSITY[1]										
Large Metro	24.8	26.5	29.1[b]	33.5	28.0	27.8	27.9	25.8	27.8	27.3
Small Metro	25.8	26.0	31.4	31.2	30.8	26.8	28.9	28.4	29.3	28.2
Nonmetro	20.3	18.6	25.3	30.3	22.8	25.6	31.0	25.7	27.5	25.6
REGION										
Northeast	27.2	23.9	25.7	31.8	26.0	27.2	27.4	24.5	26.9	25.9
North Central	23.5	21.0	27.0	26.2	27.6	23.5	29.6	28.8	28.3	26.6
South	21.0	22.6	27.1[a]	32.1	25.9	27.2	28.1	24.5	26.7	25.9
West	27.7	31.7	38.4	37.7	33.0	30.3	31.5	29.9	32.5	31.3
METROPOLITAN AREA										
Chicago	28.5[b]	20.9	28.8	32.8	30.2[b]	21.2	28.1	23.6	28.7	24.2
Denver	25.6[a]	32.2	35.3	31.6	27.1	25.0	28.1	24.1	28.5	26.0
Los Angeles	22.9	22.1	33.7	29.2	27.9	27.9	26.9	23.2	27.9	25.1
Miami	19.7	14.7	22.5	20.9	18.6	20.0	17.3	12.3	18.4	15.2
New York	27.7	26.7	33.3[a]	40.1	34.1	33.4	24.6	24.2	28.0	28.0
Washington, D.C.	25.8	27.0	29.0[a]	37.8	25.6	30.2	28.0	23.0	27.4	27.0

N/A: Not applicable.
[a]Low precision; no estimate reported.

[1]Population density is based on 1984 M[illegible] classifications and their 1990 Census of Population counts.

[a]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .05 level.
[b]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE

Table 6. Percentages Reporting that Obtaining PCP is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1991 and 1992.

Demographic Characteristic	AGE GROUP (Years)								TOTAL	
	12-17		18-25		26-34		35 and Older			
	1991	1992	1991	1992	1991	1992	1991	1992	1991	1992
TOTAL	20.3	21.6	22.3	23.2	25.9	24.4	28.5[a]	25.7	26.3	24.7
RACE/ ETHNICITY										
White	19.7	21.1	20.3	21.4	24.6	22.8	27.7	25.4	25.4	24.0
Black	22.8	24.4	30.3	30.2	33.5	33.2	36.3[a]	30.3	32.8	30.1
Hispanic	22.6	23.0	27.3	28.1	28.6	27.2	29.6[a]	23.6	28.0	25.2
Other	14.6	15.6	16.6	17.9	18.8	19.9	21.0	22.9	19.0	20.7
SEX										
Male	18.6	20.3	21.3	21.2	26.5	23.2	28.2	27.0	25.8	24.7
Female	22.2	23.0	23.2	25.1	25.3	25.6	28.8[a]	24.5	26.7	24.7
POPULATION DENSITY[1]										
Large Metro	21.8	23.4	24.1	26.2	26.7	26.0	28.0	26.0	26.6	25.8
Small Metro	21.5	22.6	22.3	19.9	28.4	23.2	28.5	27.1	26.8	24.8
Nonmetro	16.6	17.4	19.0	22.3	20.3	22.8	29.4[a]	23.4	24.9	22.5
REGION										
Northeast	23.0	22.5	20.6	22.0	25.1	25.8	26.9	22.5	25.3	23.0
North Central	19.2	17.4	21.0	17.2	24.9	20.4	27.7	28.1	25.4	24.1
South	17.8	20.7	20.7	24.6	23.7	24.3	28.0	23.6	25.0	23.6
West	24.4	27.4	28.4	27.8	31.4	27.9	32.3	29.8	30.8	28.9
METROPOLITAN AREA										
Chicago	26.0[b]	18.4	25.8	27.6	28.2[a]	21.9	28.6	23.9	27.9	23.4
Denver	17.9	21.7	24.3	20.8	22.2	19.1	26.9	21.9	24.7	21.2
Los Angeles	24.9	24.5	34.3	32.3	32.7	31.1	29.4	24.8	30.7	27.4
Miami	14.8	11.8	20.3	17.0	15.8	18.7	16.6	11.4	16.7	13.6
New York	29.1	26.9	34.6	39.1	36.6	35.4	27.0	22.6	30.1	27.2
Washington, D.C.	26.3	25.0	25.3[b]	34.1	29.0	31.5	30.2	25.4	28.9	27.9

N/A: Not applicable.
*Low precision; no estimate reported.

[1]Population density is based on 1984 MSA classifications and their 1990 Census of Population counts.

[a]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .05 level.
[b]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE

Table 7. Percentages Reporting that Obtaining Heroin is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1991 and 1992.

Demographic Characteristic	AGE GROUP (Years)								TOTAL	
	12-17		18-25		26-34		35 and Older			
	1991	1992	1991	1992	1991	1992	1991	1992	1991	1992
TOTAL	23.1	22.4	24.7	26.3	27.7	28.0	30.3[b]	26.7	28.3[a]	26.5
RACE/ ETHNICITY										
White	21.1	20.1	20.7	23.3	25.6	25.6	28.8[a]	25.6	26.4	24.8
Black	32.2	32.1	40.0	41.1	40.2	43.4	44.2	38.5	41.0	39.0
Hispanic	25.3	23.7	33.4	31.0	31.3	30.8	33.9[a]	26.1	32.0[a]	27.8
Other	16.5	21.2	23.6	17.0	16.6	18.5	18.8	18.6	18.9	18.6
SEX										
Male	21.5	20.4	22.7	24.0	27.5	27.0	29.9	27.5	27.4	26.1
Female	24.9	24.5	26.7	28.6	27.8	29.1	30.7[a]	26.1	29.1[a]	26.8
POPULATION DENSITY[1]										
Large Metro	26.6	25.6	28.2	30.0	30.2	30.5	30.4	28.0	29.7	28.6
Small Metro	23.8	22.9	24.3	23.4	29.2	26.9	30.8	27.5	28.8	26.3
Nonmetro	17.0	16.5	19.4	23.7	19.6	24.2	29.6	23.5	25.0	22.9
REGION										
Northeast	24.5	21.4	27.3	28.5	30.8	32.0	30.9	25.6	29.8	26.8
North Central	22.8[a]	18.2	23.6	19.5	25.1	24.3	29.5	28.9	27.2	25.6
South	20.9	22.7	21.4[b]	28.2	24.0	27.2	28.1	24.8	25.5	25.6
West	26.8	27.5	29.7	27.9	33.5	29.8	35.0[a]	28.8	33.1[a]	28.7
METROPOLITAN AREA										
Chicago	33.8[b]	25.7	35.9	34.0	34.1	28.6	30.9	26.5	32.7	28.0
Denver	21.2	20.5	24.9	22.2	21.9	20.1	27.7	22.4	25.5	21.7
Los Angeles	25.6	21.9	31.8	29.2	29.6	28.1	32.3	25.4	31.0	26.3
Miami	21.9	17.3	26.3	20.9	21.0	26.2	17.7	16.1	19.8	18.8
New York	33.5	30.1	43.2	49.0	42.5	40.1	32.4	26.7	36.0	32.2
Washington, D.C.	25.9	24.4	26.2[a]	35.4	27.1	32.8	29.5	25.2	28.1	28.2

N/A: Not applicable.
[a]Low precision; no estimate reported

[1]Population density is based on 1984 MSA classifications and their 1990 Census of Population counts.

[a]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .05 level.
[b]Difference between estimate for 1991 and corresponding estimate for 1992 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

Table 8. **Percentages Reporting Perceptions of Great Risk of Selected Drug Use Behaviors, by Age Group: 1985 - 1992**

	1985	1988	1990	1991	1992
Use Marijuana Occasionally					
All Ages	40.8	49.6[b]	45.0	42.3[b]	44.9
12-17	37.0	44.1[b]	51.9	48.8	49.8
18-25	20.7	31.1	30.1	29.0[a]	31.8
26-34	24.0	31.1	31.1	28.0[b]	31.2
35 +	54.3	62.2[b]	52.5	49.3	51.6
Try Cocaine Once or Twice					
All Ages	54.0	71.3[a]	68.6	67.0	68.4
12-17	30.5	52.8	54.8	53.0	53.9
18-25	34.3	56.5	54.7	53.8[b]	57.9
26-34	41.4	59.9	61.1	58.8	59.8
35 +	70.2	82.7[b]	77.3	75.5	76.3
Try Heroin Once or Twice					
All Ages	66.1	76.7	75.4	74.3	75.2
12-17	35.7	48.5	48.7	47.9	49.8
18-25	54.6	66.5	63.7	62.0[a]	65.0
26-34	63.1	73.8	77.0	73.8	74.3
35 +	77.5	85.7[a]	82.7	82.3	82.3
Smoke 1 + Pack of Cigarettes per day					
All Ages	56.6	62.3	63.4	63.5	64.1
12-17	45.2	47.1	48.1	48.3	48.7
18-25	52.2	55.1	57.4	58.3	58.0
26-34	58.6	62.0	63.9	63.2	64.3
35 +	59.8	67.2	67.4	67.6	68.2

[a]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .05 level. (The differences between 1990 and 1992 estimates and between 1985 and 1992 estimates were not tested for statistical significance.)
[b]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .01 level. (The differences between 1990 and 1992 estimates and between 1985 and 1992 estimates were not tested for statistical significance.)

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

Table 9. Percentages Reporting Perceptions of Great Risk of Smoking Marijuana Occasionally, by Age Group and Demographic Characteristics: 1988, 1990, 1991 and 1992.

Demographic Characteristic	AGE GROUP																TOTAL			
	12-17				18-25				26-34				35 and Older							
	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992
TOTAL	44.1[b]	51.9	48.8	49.8	31.1	30.1	29.0[a]	31.8	31.1	31.1	28.0[b]	31.2	62.2[b]	52.5	49.3	51.6	49.6[b]	45.0	42.3[b]	44.9
RACE/ ETHNICITY																				
White	41.0[b]	51.1	46.5	46.8	26.6	24.7	23.6	25.7	25.2	25.4	22.4	24.6	60.4[b]	50.6	46.9	49.1	47.2[b]	42.4	39.3[a]	41.6
Black	50.4	52.9	51.7	55.0	43.1	43.2	40.5	44.6	49.8	45.6	42.5	46.7	69.6[a]	58.4	57.6	61.8	58.0	52.3	50.8[a]	54.9
Hispanic	53.6[a]	55.7	56.1	59.9	47.6	49.1	48.8	50.7	53.7	49.5	48.8	53.5	71.1	63.8	62.3	65.1	59.7	56.4	55.7[a]	59.0
Other	*	*	58.5	52.3	*	*	36.0	46.2	*	*	40.4	48.7	*	*	*	*	59.5	59.1	51.7	52.4
SEX																				
Male	46.0	52.1	47.3	48.3	29.3	26.8	25.6[a]	29.9	28.1	30.3	25.7	28.6	58.9[b]	45.6	43.5	46.5	46.8[b]	40.5	37.8[a]	40.9
Female	42.0[b]	51.7	50.3	51.3	32.7	33.3	32.3	33.6	34.1	31.8	30.2[a]	33.7	65.1[b]	58.5	54.3	56.0	52.2[a]	49.2	46.3	48.5
POPULATION DENSITY[1]																				
Large Metro	42.0[b]	49.7	49.1	51.5	27.2[a]	29.5	29.0[a]	32.2	27.7[a]	28.7	29.1	32.0	59.5[b]	51.1	47.4	48.9	46.5	43.1	41.3	43.5
Small Metro	42.9	48.6	47.5	47.8	31.1	28.6	27.6	30.8	31.1	29.4	25.9[a]	30.2	65.2[b]	50.4	48.3	51.4	51.3[b]	43.5	40.9[a]	44.2
Nonmetro	48.4	59.8	50.0	49.6	38.6	33.9	31.0	32.3	38.0[a]	38.4	29.0	30.8	63.1	58.2	53.9	56.4	53.1	51.3	46.0	48.2
REGION																				
Northeast	39.5	53.2	46.6	44.4	21.6	24.9	25.0	24.3	27.6	22.1	25.4	28.2	64.3[a]	47.5	48.2[a]	55.7	49.6	40.7	40.5[a]	45.6
North Central	42.3	50.0	45.8	47.1	26.2	26.5	26.6	30.9	25.9	24.7	21.5[a]	26.5	59.9[b]	50.7	48.6	48.2	46.4	41.4	40.1	41.9
South	48.9	54.7	52.7	53.7	40.6	37.4	33.3	36.5	37.6	40.9	33.4	34.7	65.7[b]	61.0	55.1	57.6	54.5[a]	53.0	47.6	49.8
West	40.2[a]	48.3	46.5	50.5	27.3	27.0	27.5	30.9	28.4	29.7	28.9	32.9	55.8[b]	45.7	40.6	40.9	44.2[a]	40.1	36.9	38.9
ADULT EDUCATION[2,3]																				
< High School	N/A	N/A	N/A	N/A	38.8	40.7	36.9[a]	42.2	50.1	44.9	39.3[b]	47.2	76.5	67.6	67.5	72.6	67.8	60.4	58.7[b]	64.6
High School Grad	N/A	N/A	N/A	N/A	31.8	32.1	32.3	33.5	33.8	34.9	32.0	32.6	65.2[b]	55.7	51.4	56.0	50.6	46.7	44.0[a]	47.3
Some College	N/A	N/A	N/A	N/A	28.3	22.8	22.9	24.9	24.9	25.5	24.0[b]	30.1	48.3	42.9	41.6	40.8	39.3	34.4	33.5	35.0
College Graduate	N/A	N/A	N/A	N/A	16.6	21.6	18.1[a]	25.2	19.9	20.6	19.9	20.3	47.8[b]	36.0	32.8	29.9	36.9[b]	30.8	28.3	27.1
CURRENT EMPLOYMENT[4,5]																				
Full-time	N/A	N/A	N/A	N/A	29.6	26.5	28.6		0	30.1	26.4	29.2	55.9[b]	43.8	40.9	40.6	43.8[b]	37.1	35.3	36.3
Part-time	N/A	N/A	N/A	N/A	23.6	32.5	28.5		.3	29.3	27.2	28.3	53.1	48.2	48.3	45.0	41.3	40.3	38.8	37.0
Unemployed	N/A	N/A	N/A	N/A	36.6	28.8	33.6	31	42.3	27.8	32.7	32.3	78.2[b]	*	41.6	51.6	55.3[b]	39.7	37.0	40.8
Other[6]	N/A	N/A	N/A	N/A	39.6	37.8	28.0[b]	37.4	36.0	39.4	33.9[a]	40.6	70.9	63.9	61.8[a]	67.5	63.9	59.1	54.5[b]	61.3

N/A: Not applicable.
*Low precision; no estimate reported.

[1]For all years 1988-1992 in these tables, population density is based on 1984 MSA classifications and their 1990 Census of Population counts. For 1988 and 1990 estimates reported elsewhere before October 1991, population density used 1980 Census counts for the SMSA classifications in effect in 1980. The estimates reported here for 1988 and 1990 may therefore differ from and are not strictly comparable to similarly-labeled earlier estimates.
[2]Data on adult education not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 86N for unweighted Ns.
[3]In 1988, data were missing for 10 persons aged 18-25, 6 persons aged 26-34, and 13 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[4]Data on current employment not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 86N for unweighted Ns.
[5]In 1988, data were missing for 6 persons aged 18-25, 3 persons aged 26-34, and 5 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[6]Retired, disabled, homemaker, student, or "other."

[a]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .05 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)
[b]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .01 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE

Table 10. Percentages Reporting Perceptions of Great Risk of Trying Cocaine Once or Twice, by Age Group and Demographic Characteristics: 1988, 1990, 1991 and 1992.

Demographic Characteristic	AGE GROUP																TOTAL			
	12-17				18-25				26-34				35 and Older							
	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992
TOTAL	52.8	54.8	53.0	53.9	56.5	54.7	53.8[b]	57.9	59.9	61.1	58.8	59.8	82.7[b]	77.3	75.5	76.3	71.3[b]	68.6	67.0	68.4
RACE/ ETHNICITY																				
White	50.9	53.8	52.0	51.8	55.0	53.1	50.6[b]	54.9	56.4	58.0	55.2	55.2	81.8[b]	76.6	74.3	75.1	70.4[b]	67.9	65.6	66.9
Black	60.2	62.9	57.2[a]	63.2	65.7	59.6	64.1	66.6	75.4	71.8	70.7	74.3	87.9[a]	77.5	81.5	82.6	77.4	71.2	73.0	75.6
Hispanic	55.0	53.7	53.7	54.7	57.0[a]	57.8	63.3	63.7	66.7	69.1	69.7	72.2	84.7	81.9	81.6	81.6	70.6	70.2	71.4	72.3
Other	*	*	52.7	51.5	*	*	51.1[a]	65.4	*	*	64.9	68.3	*	*	*	75.2	73.5	74.0	67.9	69.5
SEX																				
Male	55.6	55.0	55.7	55.7	55.0	53.2	53.9	57.0	54.8	58.5	55.2	56.0	80.5[b]	73.8	69.3	70.6	68.8[b]	65.7	62.8	64.3
Female	49.9	54.6	50.2	52.1	57.9	56.1	53.7[a]	58.7	64.8	63.6	62.4	63.4	84.6	80.3	81.0	81.2	73.6	71.3	70.9	72.2
POPULATION DENSITY[1]																				
Large Metro	53.3	51.8	54.9	53.4	52.0	50.4	52.0	55.3	54.1	57.3	57.0	57.7	81.5[b]	75.8	73.2	75.3	68.8	65.8	65.3	67.0
Small Metro	51.6	53.7	52.3	56.5	56.8	55.4	55.1[a]	60.0	63.0	59.8	59.2	61.2	83.9[a]	76.4	77.0	75.6	72.6	68.3	67.9	68.7
Nonmetro	53.4	61.2	51.0	51.3	64.7	63.4	55.0	59.6	67.1	70.9	62.3	62.1	83.2	81.3	77.7	78.7	74.0	74.6	68.9	70.6
REGION																				
Northeast	54.5	59.3	52.7	49.8	50.5	48.4	49.7	53.4	53.3	50.4	57.0	57.7	83.6	72.7	73.9	78.3	70.9	64.4	65.4	68.8
North Central	46.1	51.2	52.1	52.0	51.5	58.4	52.3	57.7	53.7	60.5	57.4	59.6	82.2[a]	77.6	76.5	73.1	68.1	68.2	67.1	66.4
South	57.4	59.4	55.2	58.2	66.1	60.4	57.9	59.8	70.8[b]	69.1	65.3	64.1	85.2	81.3	80.0	81.4	76.4[a]	73.6	71.3	72.7
West	50.6	47.2	50.0	52.1	49.5[a]	45.6	51.7[a]	58.6	52.8	57.5	51.8	54.5	77.5[a]	75.0	68.0	68.9	65.6	64.7	60.7	62.9
ADULT EDUCATION[2,3]																				
< High School	N/A	N/A	N/A	N/A	60.6	59.0	57.1	62.3	74.3	71.6	69.0	70.5	88.6	85.5	84.7	85.0	82.8	79.7	78.1	79.7
High School Grad	N/A	N/A	N/A	N/A	55.3	56.7	57.6	59.4	61.6	63.4	61.4	62.8	86.3[a]	81.0	78.1	80.3	73.9	72.6	71.1	73.1
Some College	N/A	N/A	N/A	N/A	59.9	51.2	48.4[b]	55.5	58.1	58.7	58.5	59.0	74.1	74.4	71.2	71.8	67.9	65.6	63.3	65.5
College Graduate	N/A	N/A	N/A	N/A	*	47.8	49.2	50.8	49.0	52.3	50.0	49.6	75.8[b]	63.1	65.4	63.9	65.2[a]	59.0	60.1	59.2
CURRENT EMPLOYMENT[4,5]																				
Full-time	N/A	N/A	N/A	N/A	54.2	55.6	55.9	56.1	58.7	60.3	57.1	57.9	78.9[b]	71.8	71.0	70.6	69.0[a]	65.9	65.2	65.3
Part-time	N/A	N/A	N/A	N/A	55.4	54.8	47.4[b]	56.0	56.4	56.9	60.8	56.8	78.0	80.9	76.1	69.1	67.8	69.2	64.9	62.9
Unemployed	N/A	N/A	N/A	N/A	53.0	48.6	56.6	57.3	62.9	*	57.1	59.6	*	78.5	69.9	78.7	69.0	63.5	62.7	67.7
Other[6]	N/A	N/A	N/A	N/A	65.6	55.1	54.5[b]	63.7	66.6	71.2	66.9	69.6	88.1	82.6	82.2	85.0	83.5	78.8	77.0[a]	81.0

N/A: Not applicable.
*Low precision; no estimate reported.

[1]For all years 1988-1992 in these tables, population density is based on 1984 MSA classifications and their 1990 Census of Population counts. For 1988 and 1990 estimates reported elsewhere before October 1991, population density used 1980 Census counts for the SMSA classifications in effect in 1980. The estimates reported here for 1988 and 1990 may therefore differ from and are not strictly comparable to similarly-labeled earlier estimates.
[2]Data on adult education not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 87N for unweighted Ns.
[3]In 1988, data were missing for 10 persons aged 18-25, 6 persons aged 26-34, and 13 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[4]Data on current employment not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 87N for unweighted Ns.
[5]In 1988, data were missing for 6 persons aged 18-25, 3 persons aged 26-34, and 5 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[6]Retired, disabled, homemaker, student, or "other."

[a]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .05 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)
[b]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .01 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE

Table 11. Percentages Reporting Perceptions of Great Risk of Trying Heroin Once or Twice, by Age Group and Demographic Characteristics: 1988, 1990, 1991 and 1992.

Demographic Characteristic	AGE GROUP																TOTAL			
	12-17				18-25				26-34				35 and Older							
	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992
TOTAL	48.5	48.7	47.9	49.8	66.5	63.7	62.0[c]	65.0	73.8	77.0	73.8	74.3	85.7[c]	82.7	82.3	82.3	76.7	75.4	74.3	75.2
RACE/ ETHNICITY																				
White	46.5	48.5	46.2	47.3	66.0	63.7	60.3	62.5	71.7	75.6	71.9	71.9	85.1[c]	82.3	81.2	81.4	76.2	75.5	73.6	74.2
Black	54.2	49.4	50.6[c]	57.3	67.3	59.6	66.5[c]	72.2	84.9	83.3	80.3	82.9	87.8	81.9	87.2	88.0	78.9	73.8	77.3[c]	80.1
Hispanic	54.3	52.6	53.4	54.4	68.7	70.0	70.6	71.6	78.1	82.7	79.5	82.3	88.5	86.6	88.3	86.9	77.2	77.7	78.0	78.5
Other	*	*	53.6	51.5	*	*	54.8[c]	66.7	*	*	75.2	70.7	*	*	83.6	79.2	79.0	74.7	73.6	72.3
SEX																				
Male	51.7	47.0	50.1	50.5	63.5	64.6	62.5	64.9	71.9	76.9	72.9	72.9	83.7[c]	80.1	78.7	78.8	74.8	73.6	72.2	72.7[c]
Female	45.3	50.6	45.7	49.2	69.4	62.9	61.6	65.1	75.8	77.1	74.6	75.6	87.4	84.9	85.4	85.4	78.4	77.1	76.3	77.4
POPULATION DENSITY[1]																				
Large Metro	50.4	47.4	50.4	51.3	65.7	62.9	63.7	66.7	71.5	75.6	74.0	74.5	85.8	81.6	81.0	82.5	76.5	74.2	74.4	75.8
Small Metro	45.4	47.2	46.1	49.6	64.5	63.8	60.5	62.8	72.5	75.4	73.3	75.1	84.9	81.9	84.4	81.4	75.4	74.8	74.8	74.2
Nonmetro	49.5	52.8	46.6	47.9	70.8	65.5	61.2	64.9	80.4[b]	82.2	73.8	72.6	86.4	86.0	81.8	83.1	78.8	78.7	73.6	75.3
REGION																				
Northeast	48.8	54.0	50.8	47.2	67.7	63.4	62.3	63.2	69.6	73.3	73.7	72.4	87.3	80.1	81.4	82.5	77.8	74.3	74.5	75.1
North Central	43.5	43.6	44.9	43.5	61.6	57.4	58.1	61.7	66.5	77.9	69.2	71.6	84.0[c]	80.0	81.1	76.9	72.7	72.1	72.1	70.5
South	50.9	51.3	49.0[b]	55.4	71.2	68.7	62.0	66.6	78.0	79.1	77.0	77.1	87.1	85.8	86.2	86.6	78.9	78.5	76.9	78.7
West	50.8	45.8	46.6	49.7	61.9	63.3	66.0	67.1	78.6	75.7	73.6	74.0	83.1	83.0	77.6	81.0	76.0	75.2	72.2	74.4
ADULT EDUCATION[2,3]																				
< High School	N/A	N/A	N/A	N/A	63.7	63.8	65.3	68.5	82.8	81.8	81.4	84.1	87.9	87.4	86.9	87.1	83.8	83.2	82.7	84.0
High School Grad	N/A	N/A	N/A	N/A	65.1	63.4	63.0	66.9	75.1	81.2	75.5	75.4	87.2[c]	84.2	82.9	82.5	79.7	79.8	78.0	78.5
Some College	N/A	N/A	N/A	N/A	72.6[b]	64.3	57.7[c]	62.7	72.8	74.9	72.3	75.6	80.5	80.7	83.0	81.7	77.3	75.7	75.0	76.3
College Graduate	N/A	N/A	N/A	N/A	64.1	63.3	64.3	58.4	67.0	68.9	68.4	65.5	84.8[b]	75.9	75.9	76.9	77.8[b]	73.0	73.1	72.5
CURRENT EMPLOYMENT[4,5]																				
Full-time	N/A	N/A	N/A	N/A	66.3	65.2	66.2	66.0	73.8	77.3	72.7	73.6	84.9[b]	79.3	80.9	79.4	78.6	76.6	76.8	76.1
Part-time	N/A	N/A	N/A	N/A	60.9	62.5	53.7[b]	62.2	68.9	71.6	77.1	70.1	83.8	83.7	80.8	78.7	74.9	75.6	72.1	72.2
Unemployed	N/A	N/A	N/A	N/A	62.2	60.9	66.7	63.4	81.5	69.9	73.4	76.2	*	91.1	80.8	82.1	75.0	76.5	74.7	75.5
Other[6]	N/A	N/A	N/A	N/A	74.2	62.6	59.9[c]	66.3	74.6	82.8	76.8	78.4	87.3	85.6	84.8	86.9	84.6	83.1	80.7[c]	83.8

N/A: Not applicable.
*Low precision; no estimate reported.

[1]For all years 1988-1992 in these tables, population density is based on 1984 MSA classifications and their 1990 Census of Population counts. For 1988 and 1990 estimates reported elsewhere before October 1991, population density used 1980 Census counts for the SMSA classifications in effect in 1980. The estimates reported here for 1988 and 1990 may therefore differ from and are not strictly comparable to similarly-labeled earlier estimates.
[2]Data on adult education not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 88N for unweighted Ns.
[3]In 1988, data were missing for 10 persons aged 18-25, 6 persons aged 26-34, and 13 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[4]Data on current employment not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 88N for unweighted Ns.
[5]In 1988, data were missing for 6 persons aged 18-25, 3 persons aged 26-34, and 5 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[6]Retired, disabled, homemaker, student, or "other."

[b]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .05 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)
[c]Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .01 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

Table 12. Percentages Reporting Perceptions of Great Risk of Smoking One or More Packs of Cigarettes Per Day, by Age Group and Demographic Characteristics: 1988, 1990, 1991 and 1992.

Demographic Characteristic	AGE GROUP																TOTAL			
	12-17				18-25				26-34				35 and Older							
	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992	1988	1990	1991	1992
TOTAL	47.1	48.1	48.3	48.7	55.1	57.4	58.3	58.0	62.0	63.9	63.2	64.3	67.2	67.4	67.6	68.2	62.3	63.4	63.5	64.1
RACE/ ETHNICITY																				
White	45.3	48.3	46.8	46.3	53.8	57.4	57.4	56.3	61.5	64.8	62.6	63.0	67.2	67.1	67.5	67.4	62.2	63.7	63.4	63.3
Black	50.0*	48.5	49.6*	56.0	54.4	51.5	57.8	58.1	61.4	55.7	60.6	63.4	66.7	64.7	67.4	68.7	61.1	58.4	62.0	64.1
Hispanic	52.9	47.3	55.9	54.5	64.5	70.4	67.5	68.1	69.0*	69.3	71.9*	77.6	73.6	74.6	74.6	78.6	67.7*	68.7	70.0*	73.2
Other	*	*	48.8	44.6	*	*	52.3	60.7	*	*	61.5	55.3	*	*	*	64.9	54.9	60.6	56.2	60.0
SEX																				
Male	44.6	43.2	45.4	45.2	54.0	56.6	55.6	54.4	59.1	63.7	59.3	61.5	61.4	59.8	62.1	62.8	58.0	58.3	58.8	59.5
Female	49.6	53.3	51.4	52.3	56.2*	58.2	60.9	61.4	64.8	64.1	67.0	67.1	72.3	74.0	72.4	72.9	66.3	68.0	67.9	68.4
POPULATION DENSITY[1]																				
Large Metro	52.2	46.7	51.8	51.0	54.2*	60.8	62.1	60.1	62.3*	67.0	65.6	68.2	70.9	71.7	68.3	71.7	64.8	66.7	65.4	67.5
Small Metro	44.9	50.6	45.8	48.3	54.1	53.7	59.8	58.4	59.6	63.7	62.7	63.1	67.2	65.2	68.1	64.5	61.5	61.9	63.6	61.6
Nonmetro	41.9	47.6	46.2	45.3	58.4	55.1	49.6	53.5	64.5	57.4	58.6	57.4	60.6	62.5	65.5	66.6	58.9	58.8	59.9	61.1
REGION																				
Northeast	53.8	49.2	49.1	49.5	52.1	54.6	60.1	57.6	68.1	63.8	64.2	68.6	66.4	66.2	69.6	69.1	63.5	62.7	65.4	65.8
North Central	43.8	46.1	46.7	46.0	58.8	58.1	53.8	54.4	58.2	68.3	56.9	59.5	67.6	67.1	68.7	64.9	61.8	63.7	62.2	60.6
South	44.4	49.0	45.0	47.6	54.4	55.6	57.4	57.2	60.3	55.0	60.9	60.9	61.8	65.4	63.7	66.8	58.5*	60.3	60.2	62.3
West	51.2	48.2	56.4	52.8	55.1	62.1	63.1	63.1	64.0*	73.2	72.7	71.1	77.8	72.4	71.1	73.6	69.1	68.7	68.9	69.5
ADULT EDUCATION[2,3]																				
< High School	N/A	N/A	N/A	N/A	50.2	49.9	49.6	54.0	60.2	53.0	54.3	59.5	64.3	62.9	65.7	66.4	61.8	59.6	61.6	63.6
High School Grad	N/A	N/A	N/A	N/A	50.5	50.4	54.8	53.9	55.6	57.7	57.7	58.5	64.3	63.9	62.7	66.5	59.4	60.1	60.3	62.8
Some College	N/A	N/A	N/A	N/A	59.2	65.3	64.2	62.8	62.2	66.7	65.9	65.8	71.0	69.8	68.7	66.8	66.8	68.0	67.1	65.7
College Graduate	N/A	N/A	N/A	N/A	77.7*	76.7	72.6	65.4	74.2	78.8	73.4	73.8	73.8	76.9	76.3	74.2	74.3	77.3	75.2	73.4
CURRENT EMPLOYMENT[4,5]																				
Full-time	N/A	N/A	N/A	N/A	55.3	58.1	58.6	56.3	62.4	64.2	62.8	63.4	65.8	66.4	65.7	66.9	63.0	64.5	64.0	64.6
Part-time	N/A	N/A	N/A	N/A	54.7	59.7	59.4	60.9	62.6	66.5	68.5	67.6	72.3	73.6	75.1	70.7	65.8	68.4	69.3	67.2
Unemployed	N/A	N/A	N/A	N/A	*	47.7	48.4	53.7	55.4	59.9	55.1	62.2	*	*	62.6	65.6	51.2*	57.6	56.4	61.5
Other[6]	N/A	N/A	N/A	N/A	57.0	58.0	61.4	60.8	61.8	61.2	65.7	67.2	68.9	67.3	68.8	69.6	66.9	65.9	67.5	68.4

N/A: Not applicable.
*Low precision, no estimate reported.

[1]For all years 1988-1992 in these tables, population density is based on 1984 MSA classifications and their 1990 Census of Population counts. For 1988 and 1990 estimates reported elsewhere before October 1991, population density used 1980 Census counts for the SMSA classifications in effect in 1980. The estimates reported here for 1988 and 1990 may therefore differ from and are not strictly comparable to similarly-labeled earlier estimates.
[2]Data on adult education not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 89N for unweighted Ns.
[3]In 1988, data were missing for 10 persons aged 18-25, 6 persons aged 26-34, and 13 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[4]Data on current employment not applicable for persons aged 12-17. Totals are for those aged ≥18. See Table 89N for unweighted Ns.
[5]In 1988, data were missing for 6 persons aged 18-25, 3 persons aged 26-34, and 5 persons aged ≥35. Missing data for 1990, 1991, and 1992 were imputed.
[6]Retired, disabled, homemaker, student, or "other."

*Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .05 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)
*Difference between estimate in this cell and corresponding estimate for 1992 is statistically significant at the .01 level. (The differences between 1990 and 1992 estimates were not tested for statistical significance.)

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

BEST COPY AVAILABLE